Alberta
HEALTH AND WELLNESS

Health Costing in Alberta

2004 Annual Report

Health Funding and Costing Branch
Alberta Health & Wellness

For further information on this report and its contents contact:

Health Costing Unit
Health Funding and Costing Branch
Alberta Health and Wellness
19th floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 1S6

Rick Leischner, Manager
(780) 427-0664
Rick.Leischner@gov.ab.ca

OR

Shannon Roden
(780) 415-2054
Shannon.Roden@gov.ab.ca

ISSN 1703-3055

October 2004

To obtain the electronic version of this report, visit Alberta Health and Wellness' Internet Site at:

http://www.health.gov.ab.ca

Frequently Used Acronyms

ACCS	Ambulatory Care Classification System
CACS	Comprehensive Ambulatory Classification System
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CMI	Case Mix Index
HSRV	Hospital Specific Relative Value
RIW	Resource Intensity Weight
RDRG	Refined Diagnosis Related Group
RHA	Regional Health Authority
SWRV	System Wide Relative Value

Health Costing in Alberta
2004 Annual Report

Table of Contents

Frequently Used Acronyms ____ inside front cover
Introduction ____ 1
- Alberta's Costing Partnership ____ 2
- Contributors to 2002/2003 Cost Development ____ 2
- Processes for 2002/2003 Cost Development ____ 5
- Data Flows ____ 7

Data Collection Processes ____ 8
- Activity Data ____ 8
- Cost Data ____ 8

Cost Data Processes ____ 9
- Trimming Data ____ 9

Grouping of Data ____ 10
- CMG Grouper ____ 10
- ACCS Grouper ____ 11
- Grouping Results ____ 12

Data Top Up ____ 12
Contribution to National Resource Intensity Weights ____ 13
Conclusion ____ 14
Appendix ____ 17
- Cost Weight Development ____ 17

Definitions ____ 21
Schedules ____ 23
- Inpatient Schedules
  - Schedule 1 - Inpatient Cost Results ____ 23
  - Schedule 2 - Inpatient Yearly Comparisons ____ 92
  - Schedule 3 - Inpatient Statistical Background ____ 163
- Ambulatory Care Schedules
  - Schedule 4 - Ambulatory Care Cost Results ____ 233
  - Schedule 5 - Ambulatory Care Yearly Comparisons ____ 247
  - Schedule 6 - Ambulatory Care Statistical Background ____ 261

Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the sixth consecutive year. The partnership consists of six costing regions along with the department of Alberta Health and Wellness.

The 2004 Annual Report discloses the cost of cases that were handled by the participating health regions between April 1, 2002 and March 31, 2003. Cases are grouped by linking to activity data to provide appropriate summary information.

The process of costing health services in Alberta is evolving, as is the reporting of costs. Once again the inpatient costs are reported by Case Mix Groups (CMGs). Since this format enhances age and complexity level reporting for case mix groups, readers can better grasp the role that complexity and age have on health care costs. The ambulatory care costs are reported by Ambulatory Care Classification System (ACCS).

The 2004 cost schedules were designed to meet the needs of various users. Direct and indirect cost components are provided in schedules 1 and 4. Schedules 2 and 5 provide information on cost trends and schedules 3 and 6 provide statistical data to assist users in assessing the accuracy and relevance of the cost data. Readers are encouraged to refer to the definitions of column headings on page 21.

As costing processes improve and more information becomes available, additional component details will be included in future reports.

The major driver behind health costing in Alberta continues to be its use in the calculation of each health region's funding. However, there is an increasing demand for cost information from users in the department, health authorities, and external users.

It should be noted that the cost information contained in this publication does not represent the provincial average cost of hospital-based services across the regional health authorities. Rather it reflects the average cost derived from the data submitted by only three health authorities for 16 different sites. The costs from these sites reflect 56 per cent of the provincial level of hospital-based inpatient activity (separations) and 31 per cent of the ambulatory care activity (visits). Although the data submitted have gone through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the health authorities.

Outside Alberta, significant interest has been expressed in the work done by the Alberta Costing Partnership, with numerous inquiries received from national bodies, other provincial health ministries, researchers, universities,

major pharmaceutical companies and medical personnel. Demand for Alberta cost data continues to increase.

Alberta's Costing Partnership

Leadership of the Alberta Costing Partnership resides within the Ministry of Health and Wellness. The health funding and costing branch is responsible for carrying on the health costing mandate. Health costing was done in conjunction with six regional health authorities (RHAs) that utilized a common costing framework to generate patient-specific case costs. The six regions in existence during the 2002/2003 costing year[1]:

- Chinook Regional Health Authority,
- Calgary Health Region,
- David Thompson Regional Health Authority,
- Crossroads Regional Health Authority,
- Capital Health Authority, and
- Mistahia Regional Health Authority.

In addition to collecting and submitting cost data, each of the costing regions is expected to appoint a regional costing co-ordinator to represent its region on the Costing Function Team. Team members are expected to provide input to any discussions/decisions regarding the costing framework and process.

One of the major responsibilities of the team is to participate in the costing round table review of the provincial cost results. The participants review the statistical analysis. They also compare costs among the contributing regions and from prior years. Issues identified in this process are investigated and resolved by the team prior to publication of this report.

Contributors to 2002/2003 Cost Development

Although six RHAs participated in the Alberta Costing Partnership, data was not submitted from three regions -- Chinook Regional Health Authority, David Thompson Regional Health Authority, and Mistahia Regional Health Authority.

Cost data collected for 2002/2003 continued to focus on inpatient and ambulatory care services. In total, cost data submitted by the regions for inpatient services totaled over 194,000 patient records and over 1.9 million costed visits for ambulatory care.

[1] On April 1, 2003 a significant restructuring of health regions took effect in Alberta. There are currently nine regions, replacing the 17 regions in operation in 2002/2003.

Comparison of Cost and Activity Data Collected

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records	Provincial Activity Reported	Costed Records as % of Activity
1997/1998	129,000	335,000	39%	458,000	2.7 Million	18%
1998/1999	144,500	346,000	42%	1.1 Million	3.7 Million	30%
1999/2000	104,000	346,500	30%	1.1 Million	4.2 Million	26%
2000/2001	134,000	343,000	39%	1.4 Million	5.5 Million	25%
2001/2002	185,000	337,500	55%	1.5 Million	5.9 Million	25%
2002/2003	194,000	345,000	56%	1.9 Million	6.2 Million	31%

Cost data was provided from 16 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

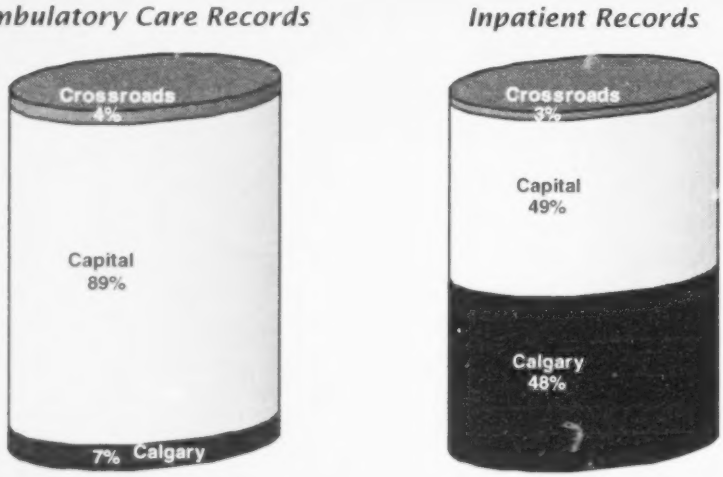
The bulk of the costs for inpatient cases flow from inpatient nursing functional centres; therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as emergency, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

The costs for ambulatory care cases are not reported where there are no systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care. The following table outlines the facility and availability of patient specific cost information submitted in the 2002/2003 fiscal year.

2002/2003 Cost Data by Region/Facility

Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics	DI	Rehab
Chinook	No cost data supplied for 2002/2003						
Calgary	AB Children's	Yes	Yes	Yes	No	Yes	No
	Foothills	Yes	No	No	No	No	No
	Rockyview	Yes	No	Yes	Yes	Yes	No
	Peter Lougheed	Yes	No	No	No	Yes	No
David Thompson	No cost data supplied for 2002/2003						
Crossroads	Breton	No	No	No	Yes	Yes	Yes
	Drayton Valley	Yes	Yes	Yes	Yes	Yes	Yes
	Wetaskiwin	Yes	Yes	Yes	Yes	Yes	Yes
	Crossroads Non-Hospital	No	No	No	No	No	Yes
Capital	Glenrose	Yes	Yes	Yes	Yes	Yes	Yes
	Misericordia	Yes	Yes	Yes	Yes	Yes	Yes
	Grey Nun's	Yes	Yes	Yes	Yes	Yes	Yes
	Royal Alexandra	Yes	Yes	Yes	Yes	Yes	Yes
	U of A	Yes	Yes	Yes	Yes	Yes	Yes
	Leduc	Yes	Yes	Yes	Yes	Yes	Yes
	Sturgeon	Yes	Yes	Yes	Yes	Yes	Yes
	Northeast Community Centre	No	Yes	No	Yes	Yes	Yes
Mistahia	No cost data supplied for 2002/2003						

The following charts show the number of costed records received from each region (shown as percentages). The Capital Health Authority currently provides the bulk of the ambulatory care cost data. For the other cost pool, inpatient data, the Calgary Health Region and Capital Health Authority provide similar amounts of data.



Processes for 2002/2003 Cost Development

The process to develop costs was altered in 2002/2003 to reflect changes in data collection at the health record level. In prior years, two years of cost data was blended to create a stable cost figure. In 2002/2003 this blending was not performed because there was evidence that many cases did not flow into the same groups, as they would have in the previous year. The change from ICD-9-CM to ICD10-CA/CCI impacted significantly on this grouping process. The Canadian Institute of Health Information (CIHI) provided the following comments.[2]

"The new classification systems [ICD-10-CA/CCI] are affecting the ability to conduct trend analysis due to the following reasons:

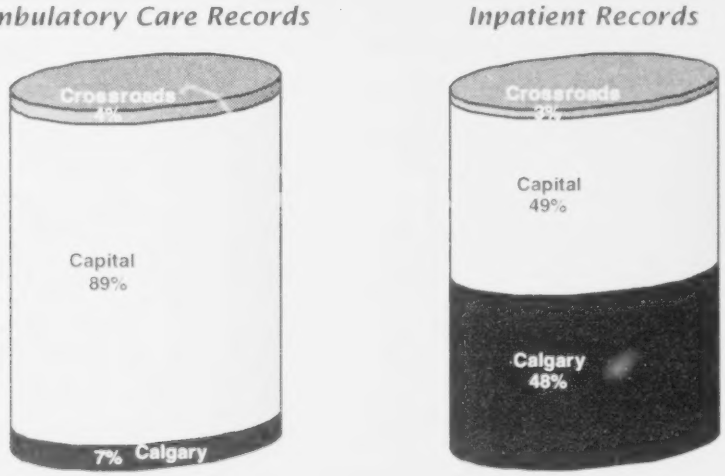
a. Structural changes to the classification:
   ICD-10-CA
   - greater specificity of ICD-10
   - new concepts in ICD-10
   - combination codes – where previously two codes were required now one combination code is used
   - more explicit capturing of post-procedural conditions

[2] "Coping with the Introduction of ICD-10-CA and CCI: Impact of New Classification Systems on the Assignment of Case Mix Groups/Day Procedure Groups Using Fiscal 2002-2003 Data", Canadian Institute of Health Information, October 2003, p. 6

2002/2003 Cost Data by Region/Facility

Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics	DI	Rehab
Chinook	No cost data supplied for 2002/2003						
Calgary	AB Children's	Yes	Yes	Yes	No	Yes	No
	Foothills	Yes	No	No	No	No	No
	Rockyview	Yes	No	Yes	Yes	Yes	No
	Peter Lougheed	Yes	No	No	No	Yes	No
David Thompson	No cost data supplied for 2002/2003						
Crossroads	Breton	No	No	No	Yes	Yes	Yes
	Drayton Valley	Yes	Yes	Yes	Yes	Yes	Yes
	Wetaskiwin	Yes	Yes	Yes	Yes	Yes	Yes
	Crossroads Non-Hospital	No	No	No	No	No	Yes
Capital	Glenrose	Yes	Yes	Yes	Yes	Yes	Yes
	Misericordia	Yes	Yes	Yes	Yes	Yes	Yes
	Grey Nun's	Yes	Yes	Yes	Yes	Yes	Yes
	Royal Alexandra	Yes	Yes	Yes	Yes	Yes	Yes
	U of A	Yes	Yes	Yes	Yes	Yes	Yes
	Leduc	Yes	Yes	Yes	Yes	Yes	Yes
	Sturgeon	Yes	Yes	Yes	Yes	Yes	Yes
	Northeast Community Centre	No	Yes	No	Yes	Yes	Yes
Mistahia	No cost data supplied for 2002/2003						

The following charts show the number of costed records received from each region (shown as percentages). The Capital Health Authority currently provides the bulk of the ambulatory care cost data. For the other cost pool, inpatient data, the Calgary Health Region and Capital Health Authority provide similar amounts of data.



Processes for 2002/2003 Cost Development

The process to develop costs was altered in 2002/2003 to reflect changes in data collection at the health record level. In prior years, two years of cost data was blended to create a stable cost figure. In 2002/2003 this blending was not performed because there was evidence that many cases did not flow into the same groups, as they would have in the previous year. The change from ICD-9-CM to ICD10-CA/CCI impacted significantly on this grouping process. The Canadian Institute of Health Information (CIHI) provided the following comments.[2]

"The new classification systems [ICD-10-CA/CCI] are affecting the ability to conduct trend analysis due to the following reasons:

a. Structural changes to the classification:
   ICD-10-CA
   - greater specificity of ICD-10
   - new concepts in ICD-10
   - combination codes – where previously two codes were required now one combination code is used
   - more explicit capturing of post-procedural conditions

[2] "Coping with the Introduction of ICD-10-CA and CCI: Impact of New Classification Systems on the Assignment of Case Mix Groups/Day Procedure Groups Using Fiscal 2002-2003 Data", Canadian Institute of Health Information, October 2003, p. 6

CCI

- greater specificity of CCI which has over 17,000 codes, compared to 3,600 codes in ICD-9-CM and 3,500 codes in CCP
- combination codes – where previously two codes were required now one combination code is used
- use of attributes (status, location, extent) to capture detail that may have been included in a CCP/9CM code
- generic nature of CCI – captures the what and how of procedures and interventions but not the why. The why is now captured exclusively through the diagnostic classification (i.e. ICD-10-CA). Formerly CCP/CM captured diagnostic as well procedural/interventional information within some codes.

b. Code-to-code conversion process – mapping from ICD-10-CA and CCI to ICD-9/CM and ICD-9/CCP was done on a one-to-one basis. The code ultimately chosen was based on the closest/best fit. Code selections were ranked on the basis of:
   - good fit (exact match of wording and intent)
   - forced fit (same section but no exact match)
   - no match (code did not exist in earlier versions)

c. Changes in coding standards. In parallel with the development/ implementation of the new classification systems, new coding standards have been developed. For example, the World Health Organization introduced new standards for the coding of angina, COPD and pneumonia, as well as the timeframe on the acute phase of a myocardial infarction from eight weeks or less to four weeks (28 days) or less."

The data submitted was edited for reasonability. The following list describes the type of edit checks used:

- ambulatory care
  - exclude any visits with a cost less than $5.00
  - exclude any visits which did not include allocated overhead costs
- inpatient
  - exclude any visits with a case cost of less than $200.00 if the length of stay is not one day or less
  - exclude any cases without nursing costs
  - exclude any visits with a cost per day less than $100.00
  - exclude any visits which did not include allocated overhead costs
  - exclude any visits beyond the trim point

The rest of the costing process remained constant with prior years' cost development.

Although it is not recommended to compare the results from 2002/2003 to previous years, schedules include prior year figures (Schedule 2 compares

inpatient data and Schedule 5 compares ambulatory care data). The 2001/2002 results are based on blended cost data. While not necessary in computing relative values, in order to combine the data and still arrive at appropriate average case costs, it was necessary to inflate the historical data within that year's calculations. Furthermore, the final 2001/2002 results were inflated. The following table lists the various inflation rates:

Fiscal Year of Cost Data	Inflation Rate Applied
2001/2002	6.2%
2000/2001	7.9%
1999/2000	4.9%
1998/1999	2.7%
1997/1998	3.0%

Data Flows

Cost data collected by the participating RHAs is forwarded to the health funding and costing branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient-specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the primary users of the information is the health funding unit at Alberta Health and Wellness. For ambulatory care, the system wide relative values are used in the funding formula. Funding for Province Wide Services uses the average costs from the inpatient data.

CIHI also is a significant user of the costing results. The final set of cost data is sent to CIHI to be combined with cost data from Ontario and British Columbia to develop new Resource Intensity Weights (RIWs) by Case Mix Groups (CMGs). The health funding unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Regions use cost data for rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient-specific cost data.

Activity Data

Patient specific activity data is collected by all regions and represents unique information for each particular service. For example, the ambulatory care activity data includes:

- patient demographics (birthdate, personal health number, gender, etc.),
- procedure/diagnosis codes,
- service date,
- service location,
- MIS primary,
- patient disposition, and
- provider type (optional).

All health regions send both the ambulatory care and inpatient activity data directly to Alberta Health and Wellness using the Morbidity and Ambulatory Care Abstracting Reporting (MACAR) system. The ambulatory care data is grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Modifications are made to some of the inpatient records and then submitted to CIHI (Discharge Abstract Database) to be grouped using the CMG grouper. CIHI then returns a file to Alberta Health and Wellness with the group codes.

Cost Data

The costing regions provide patient-specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the two processes, in keeping with the overall costing framework. Cost data from the regions is submitted directly to Alberta Health and Wellness.

Although the data is submitted only once a year, the regions may send monthly, quarterly, or annual cost files. These files include, for each case, common information that is used to link the data. In addition, the files contain the following diverse information:

1. Patient specific supply costs
   - patient specific drug costs
   - patient specific supply costs

These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).

2. Other patient specific cost data
   - Functional centre direct costs: include all costs (salaries, drugs, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.
   - Functional centre indirect costs: include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.
   - Non-specific patient drug allocation: are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations are excluded.

Cost Data Processes

The data from the cost data files is initially summarized into one record that includes the total case cost. The second step in the process is to link these costed cases with the separate activity files to derive group assignments. Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. In the past, trimming of inpatient cases in Alberta was based on the length of stay of the past three years of Alberta inpatient discharges. Because of the trending analysis issue with the ICD-10-CA/CCI coding system, this year trimming of inpatient cases in Alberta was based only on the length of stay (LOS) from the 2002/2003 Alberta inpatient discharges. A trim point is determined for each group and any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale

for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

(LOS of third quartile) + (2 * (LOS of third quartile – LOS of first quartile))

An acceptable measure for use in trimming ambulatory care data has not been identified. During the review/validation of 1998/1999 costs, the application of a trim point for each ACCS cell based on plus or minus three standard deviations from the cell mean was considered. Upon reviewing the results of this approach, the Costing Function Team determined that this method of trimming would not be employed, as it appeared to exclude a significant number of valid cases.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The health funding and costing branch began utilizing these RIWs in the 2001/2002 funding calculations.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System (ACCS) is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System (CACS), which is modeled upon Alberta's ACCS. Discussions regarding the merit of switching from ACCS to CACS are ongoing. Until a final decision is made, the ambulatory care cost results will be produced by ACCS.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used. The variables required to define the Case Mix Groups are:

- most responsible diagnosis,
- weight (for neonates),
- presence or absence of operating room procedures,
- surgical hierarchy/medical hierarchy, and
- diagnosis types 1, 2, W, X, and Y.

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use. The variables used in assigning the complexity levels are:

- major clinical categories/case mix groups,
- pre-admission comorbidity (type 1 diagnosis),
- post-admission comorbidity (type 2 diagnosis),
- service transfer diagnosis (type W, X, or Y diagnosis)
- comorbidity grades,
- number of body systems involved, and
- number of "complex" comordities.

The complexity levels are as follows:

Plx 1 – no complexity,
Plx 2 – complexity related to chronic conditions,
Plx 3 – complexity related to serious/important conditions,
Plx 4 – complexity related to potentially life-threatening conditions, and
Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology).

A Plx group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx group based on the age of the patient:

1 – 0 to 17 years old,
2 – 18 to 69 years old, and
3 – 70 plus years old.

There are 478 CMG codes and 1588 Plx groups. When the age overlay is applied to these Plx groups, the result is 4762 new codes (commonly referred to as Aplx cells). Unfortunately, there are low volume concerns for the majority of these Aplx cells using the Alberta costing data. Therefore, the cost results by CMG code + Plx level + age group are not published in this report.

The 2002/2003 inpatient data was classified using CMG/Plx 2002.v.3. A relative value was calculated for most CMG groups. After the costing calculations were complete, there were some Plx groups where activity existed in the morbidity file but no relative value was derived. For these Plx groups, system wide relative values were estimated based on related Plx groups.

When the Alberta Costing Partnership began in 1997/1998, the Refined Diagnosis Related Groups (RDRG) grouper was used to group the activity data. Therefore, costing results from 1997/1998 to 1999/2000 are based on these groups, instead of CMGs.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta

specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

To run the ACCS grouper the required data consists of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 423 groups. There were only 15 groups with no cost data reported, leaving a total of 408 groups populated to some degree. Those cells for which activity had been reported, but had zero costed cases represented another challenge. Based on the Costing Function Team recommendation, the overall average cost was considered as a reliable estimate for these remaining cells.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD-10-CA/CCI codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the health funding and costing branch of Alberta Health and Wellness (780-427-7040).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Data Top Up

In the past, the availability of five years of consistent cost data resulted in a much more extensive data set upon which to base average costs and also a reduced requirement to rely upon other jurisdictions' data for top-up. Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. No attempt is made to top-up any cells for which no cases had been reported within the province.

Determining the top-up threshold is somewhat a subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

Unfortunately, the comparability of years is no longer reliable with the switch from the ICD-9-CM classification system to ICD-10-CA/CCI systems. Consequently, top-up was not used in the 2002/2003 costing process. Please note that in schedules 2 and 5 the comparable 2001/2002 data does include top-up data.

Contribution to National Resource Intensity Weights

On an annual basis, Canadian Institute for Health Information (CIHI) develops and publishes a schedule of Resource Intensity Weights (RIWs) based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs). According to CIHI's Web page[3]

> "The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient-specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".
>
> "Uses
> - translating case mix data into cost data
> - determining unit costs for atypical cases
> - identifying priorities by CMG for utilization management
> - planning new programs
> - evaluating program efficiency"

Alberta Health and Wellness provided CIHI with inpatient and ambulatory care case costs in previous years. It is expected that the final costs from 2002/2003 for inpatient and ambulatory care will also be provided to CIHI, for use in the development of future RIWs.

The national RIW technical working group reviewed the initial data submitted for costing by Alberta Health and Wellness. They assessed it against the following criteria:

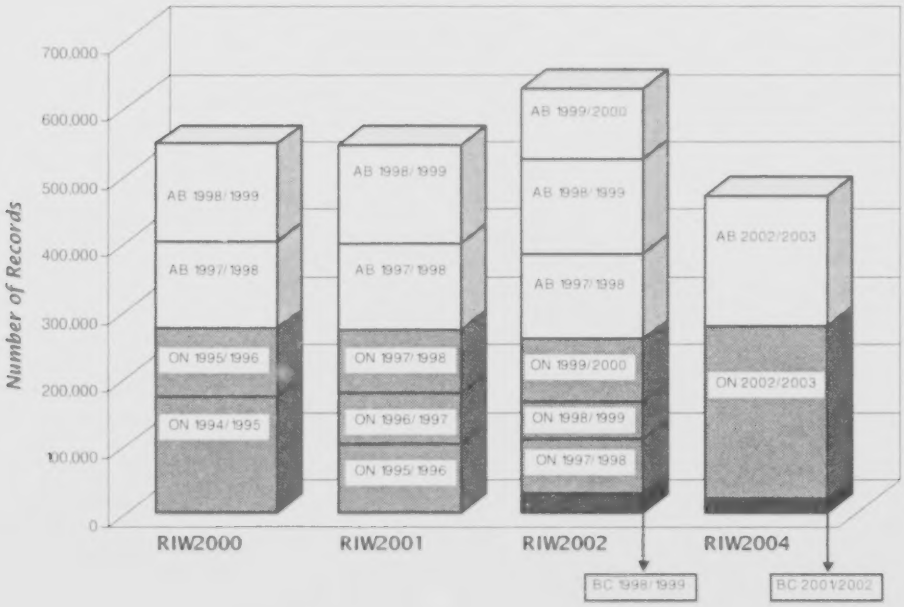
- the methodology for capturing cost data must be documented,
- sufficient data volume must exist,
- supply of data should be available on a timely basis, and
- data must be statistically valid.

[3] RIW™ and Expected Length of Stay Methodology at http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_riw_e as at May 15, 2003.

The review concluded that the quality as well as comparability with existing Ontario data made Alberta data an excellent contributor to the national RIWs. The all-Canadian RIW information is believed to be more reflective of the non-profit environment in Canada.

Every year the set of data utilized to develop the RIWs changes as both Alberta and Ontario continue to send updated records from more recent years. Also, starting with RIW2002, data from British Columbia was included in the development of RIWs.

Comparing Data Utilized by CIHI in Developing RIWs



Conclusion

In its sixth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attests to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many hours of effort, an achievement of which all participants can be proud.

The health funding and costing branch would like to thank all those individuals who have contributed to this work and look forward to continuing the partnership.

Appendix

Cost Weight Development

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the hospital specific relative value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the hospital specific relative value (HSRV) for each group (ACCS cell, CMG, or PIx group) for each hospital, then derives an initial system wide (including all hospitals) relative value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

HSRV - Step 1

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

		Hospital A		Hospital B		Province-Wide	
ACCS #	Description	Cases	Average Cost $	Cases	Average Cost $	Cases	Average Cost $ (wtd avg.)
26	Hernia	2	$300.00	6	$450.00	8	$412.50
62	Hemodialysis	5	$200.00	10	$300.00	15	$266.67
1009	Sprains	9	$100.00	16	$150.00	25	$132.00
	Total Hospital	16	$156.25	32	$253.13	48	$220.84

HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the HSRV for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

Appendix

Cost Weight Development

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the hospital specific relative value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the hospital specific relative value (HSRV) for each group (ACCS cell, CMG, or Plx group) for each hospital, then derives an initial system wide (including all hospitals) relative value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

HSRV - Step 1

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

		Hospital A		Hospital B		Province-Wide	
ACCS #	Description	Cases	Average Cost $	Cases	Average Cost $	Cases	Average Cost $ (wtd avg.)
26	Hernia	2	$300.00	6	$450.00	8	$412.50
62	Hemodialysis	5	$200.00	10	$300.00	15	$266.67
1009	Sprains	9	$100.00	16	$150.00	25	$132.00
	Total Hospital	16	$156.25	32	$253.13	48	$220.84

HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the HSRV for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

		Hospital A		
ACCS #	Description	Cases	Average Cost $	Hospital Specific Relative Value (HSRV)
26	Hernia	2	$300.00	$300/$156.25=**1.92**
62	Hemodialysis	5	$200.00	$200/$156.25=**1.28**
1009	Sprains	9	$100.00	$100/$156.25=**0.64**
	Total Hospital	16	$156.25	N/A

HSRV - Step 3

The initial SWRVs are calculated for each ACCS code by taking a weighted average of the hospital specific relative values from each facility. For each facility, the number of cases in an ACCS cell is multiplied by the HSRV for that ACCS cell. Then, divide this result by the total number of cases in the system (province) for that particular ACCS code. The sum of the results of this calculation for all facilities is the initial SWRV.

		Hospital A			Province-Wide
ACCS #	Description	Cases	Average Cost $	Hospital Specific Relative Value (HSRV)	Initial System Wide Relative Value (ISWRV) (wtd.avg. Of HSRVs)
26	Hernia	2	$300.00	$300/$156.25=**1.92**	(1.92*2/8)+(1.78*6/8)=**1.8133**
62	Hemodialysis	5	$200.00	$200/$156.25=**1.28**	(1.28*5/15)+(1.19*10/15)=**1.2168**
1009	Sprains	9	$100.00	$100/$156.25=**0.64**	(0.64*9/25)+(0.59*16/25)=**0.6097**
	Total Hospital	16	$156.25	N/A	N/A

Note: Calculates a system wide relative measure of the value of an ACCS cell compared to other ACCS cells

This calculation filters out the differences in efficiencies between hospitals. This can occur if a hospital is a teaching hospital, and would typically incur higher costs per case, or if a hospital uses different technology in treating patients.

HSRV - Step 4

The CMI adjusts for differences in the case mix of treatments in a hospital. For example, if a hospital typically treats much more severe patients, the CMI will adjust the relative values to take that into account.

For each facility, the CMI is calculated by multiplying the SWRV for each ACCS cell by the number of cases in each cell for that facility. The resulting

values are then summed. This total is then divided by the number of cases treated in that hospital, which results in the facility's CMI.

Case Mix Index = sum of adjusted value of cases (SWRV units)/actual number of cases = 15.1976/16 = **0.9498**

		Hospital A			
ACCS #	Description	Cases	Average Cost $	Initial System Wide Relative Value units = SWRV x # of cases	Adjusted Hospital Specific Relative Value (AHSRV)
26	Hernia	2	$300.00	1.8133*2=**3.6267**	1.92*0.9498=**1.8237**
62	Hemodialysis	5	$200.00	1.2168*5=**6.0840**	1.28*0.9498=**1.2158**
1009	Sprains	9	$100.00	0.6097*9=**5.4869**	0.64*0.9498=**0.6079**
	Total Hospital	16	$156.25	Total = **15.1976**	

Notes:

- Cases in Hosp A adjusted using average system wide relative values.
- Relative value of ACCS adjusted by case mix index for Hospital A

The HSRVs for each ACCS code by facility are then multiplied by that facility's CMI to give a new set of adjusted hospital specific relative values (AHSRVs). For each ACCS cell, these AHSRVs are then summed from all of the hospitals and divided by the total number of cases in each case group to derive a new set of SWRVs.

HSRV - Step 5

Steps 3 and 4 are repeated (weighting HSRVs, averaging HSRVs, and adjusting for case mix) until the difference between successive SWRVs is less than 1 per cent.

The final results of the HSRV process for the 2002/2003 inpatient and ambulatory care cost data are outlined in schedules 3 and 6. In these two schedules the results in the "average cost" columns are based on the same set of data used in the costing process to produce relative values (all exclusions, including trimming, are applied to the data).

Definitions

Activity	Total number of cases in Alberta in 2002/2003 reported by all facilities providing health services (schedules 3 and 6).
Average Cost	Average of the specified cost data.
Average LOS	Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.
Blended	Results based on cost records from two years, as well as all top-up records (except for the average LOS in schedule 2, which does not include top-up records). (See Note).
Coefficient of Variation	Measures the spread of the cost data (based on the set of cost records), as a proportion of the average cost (mean). It is the ratio of the standard deviation divided by the mean.
Cost per Day	Total costs divided by total length of stay.
Costed Cases	Includes the number of cases that have been costed. The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).
Direct Cost	Includes all costs directly incurred by the department providing the service to the patient. This typically includes health provider costs, direct supervision, supplies, and equipment costs.
Indirect Cost	Includes costs incurred by departments not providing services to patients. This includes administrative services such as finance, human resources, IT, and support services such as plant, costs, material management, housekeeping, admitting and registration, health records and food services.
Low Volume	Cells that have five or fewer costed cases.
Manual Top-Up	A proxy case used to provide an estimated or derived cost when no cases were costed.
Plx Level	Complexity level (see page 10).
Standard Deviation	Measures the variability or distribution of the cost data (based on the set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.
SWRV	System wide relative value (see Appendix).
Trim Point	The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.

Note: 2001/2002 results are based on the blended cost data, appropriately inflated as indicated on page 7. 2002/2003 results are based only on actual 2002/2003 cost records submitted; see page 5 for explanation of why blending did not occur.

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
001	PWS - Craniotomy Procedures		6.7	10,904	2,897	13,801	2,055	1,070
001		Plx1	5.3	8,936	2,401	11,337	2,140	783
001		Plx2	9.2	12,952	3,547	16,499	1,786	135
001		Plx3	14.1	16,699	4,485	21,185	1,507	75
001		Plx4	21.4	33,262	8,508	41,769	1,951	111
003	PWS - Spinal Procedures		5.1	6,326	2,002	8,328	1,635	152
003		Plx1	4.4	5,668	1,816	7,484	1,700	132
003		Plx2	10.3	12,881	3,416	16,297	1,577	12
003		Plx3	32.6	27,883	8,128	36,011	1,105	10
003		Plx4	24.3	27,239	7,367	34,606	1,424	10
004	PWS - Extracranial Vascular Procedures		2.7	4,348	1,450	5,798	2,147	330
004		Plx1	2.3	3,943	1,367	5,311	2,346	284
004		Plx2	4.5	6,186	1,813	7,999	1,764	15
004		Plx3	8.3	9,450	2,816	12,266	1,480	21
004		Plx4	15.1	22,196	5,512	27,708	1,836	11
005	PWS - Ventricular Shunt Revision		2.7	4,618	1,071	5,688	2,086	95
005		Plx1	2.4	4,311	982	5,294	2,197	83
005		Plx2	6.5	10,047	2,300	12,347	1,900	4
005		Plx3	2.7	4,501	1,203	5,704	2,139	3
005		Plx4	9.0	10,502	2,260	12,762	1,418	3
006	Carpal Tunnel Release And Specified Nervous System Procedures		2.4	4,048	1,370	5,418	2,260	68
006		Plx1	2.2	3,856	1,302	5,158	2,321	63
006		Plx2	2.7	4,199	1,324	5,523	2,071	3
006		Plx3	7.0	15,366	5,373	20,739	2,963	1
006		Plx4	31.2	39,386	11,759	51,145	1,639	5
007	Peripheral, Cranial Nerve And Other Neurological Procedures		7.7	11,080	3,098	14,178	1,835	55
007		Plx1	5.0	5,668	1,695	7,363	1,462	27
007		Plx2	9.9	14,110	3,753	17,862	1,812	7
007		Plx3	9.6	10,370	3,248	13,618	1,419	5
007		Plx4	15.9	28,049	7,103	35,152	2,212	18

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
001	PWS - Craniotomy Procedures		6.7	10,904	2,897	13,801	2,055	1,070
001		Plx1	5.3	8,936	2,401	11,337	2,140	783
001		Plx2	9.2	12,952	3,547	16,499	1,786	135
001		Plx3	14.1	16,699	4,485	21,185	1,507	75
001		Plx4	21.4	33,262	8,508	41,769	1,951	111
003	PWS - Spinal Procedures		5.1	6,326	2,002	8,328	1,635	152
003		Plx1	4.4	5,668	1,816	7,484	1,700	132
003		Plx2	10.3	12,881	3,416	16,297	1,577	12
003		Plx3	32.6	27,883	8,128	36,011	1,105	10
003		Plx4	24.3	27,239	7,367	34,606	1,424	10
004	PWS - Extracranial Vascular Procedures		2.7	4,348	1,450	5,798	2,147	330
004		Plx1	2.3	3,943	1,367	5,311	2,346	284
004		Plx2	4.5	6,186	1,813	7,999	1,764	15
004		Plx3	8.3	9,450	2,816	12,266	1,480	21
004		Plx4	15.1	22,196	5,512	27,708	1,836	11
005	PWS - Ventricular Shunt Revision		2.7	4,618	1,071	5,688	2,086	95
005		Plx1	2.4	4,311	982	5,294	2,197	83
005		Plx2	6.5	10,047	2,300	12,347	1,900	4
005		Plx3	2.7	4,501	1,203	5,704	2,139	3
005		Plx4	9.0	10,502	2,260	12,762	1,418	3
006	Carpal Tunnel Release And Specified Nervous System Procedures		2.4	4,048	1,370	5,418	2,260	68
006		Plx1	2.2	3,856	1,302	5,158	2,321	63
006		Plx2	2.7	4,199	1,324	5,523	2,071	3
006		Plx3	7.0	15,366	5,373	20,739	2,963	1
006		Plx4	31.2	39,386	11,759	51,145	1,639	5
007	Peripheral, Cranial Nerve And Other Neurological Procedures		7.7	11,080	3,098	14,178	1,835	55
007		Plx1	5.0	5,668	1,695	7,363	1,462	27
007		Plx2	9.9	14,110	3,753	17,862	1,812	7
007		Plx3	9.6	10,370	3,248	13,618	1,419	5
007		Plx4	15.9	28,049	7,103	35,152	2,212	18

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
010	Neoplasm Of Nervous System		9.5	5,973	1,781	7,754	820	234
010		Plx1	8.0	5,063	1,462	6,525	818	151
010		Plx2	10.7	5,857	1,792	7,649	715	53
010		Plx3	20.5	11,304	3,612	14,916	728	16
010		Plx4	23.4	15,615	4,972	20,588	881	21
011	Degenerative Nervous Disorders		17.2	9,616	3,019	12,635	736	177
011		Plx1	14.1	6,924	2,332	9,256	655	114
011		Plx2	17.0	8,353	2,755	11,109	652	26
011		Plx3	28.6	13,935	5,179	19,114	668	20
011		Plx4	28.4	24,643	6,701	31,344	1,103	17
012	Multiple Sclerosis And Cerebellar Disorders		10.1	6,445	1,793	8,238	818	112
012		Plx1	7.6	4,744	1,246	5,990	790	82
012		Plx2	12.8	6,860	2,188	9,047	706	16
012		Plx3	13.7	7,184	2,432	9,617	704	3
012		Plx4	24.3	21,848	6,500	28,348	1,169	8
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		9.0	6,211	1,703	7,913	883	1,611
013		Plx1	6.6	4,613	1,205	5,818	876	1,077
013		Plx2	14.0	8,510	2,486	10,996	783	257
013		Plx3	15.8	10,247	3,036	13,283	842	165
013		Plx4	18.7	14,487	4,230	18,717	1,000	131
014	Transient Ischemic Attacks And Precerebral Occlusions		3.8	3,164	727	3,892	1,017	498
014		Plx1	3.4	2,851	650	3,501	1,018	441
014		Plx2	8.8	6,170	1,605	7,775	880	49
014		Plx3	7.1	6,598	1,556	8,154	1,144	16
014		Plx4	27.2	22,485	5,351	27,836	1,023	5
015	Nonspecific Cerebrovascular Disorders		8.5	5,601	1,731	7,332	863	59
015		Plx1	5.6	3,598	1,037	4,635	828	40
015		Plx2	17.4	6,675	2,844	9,520	546	9
015		Plx3	52.1	32,427	8,308	40,735	781	7
015		Plx4	12.7	12,053	3,510	15,563	1,229	6

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
017	Cranial And Peripheral Nerve Diseases		7.6	4,519	1,293	5,812	764	126
017		Plx1	5.5	3,198	899	4,097	749	87
017		Plx2	11.5	6,391	1,880	8,271	722	20
017		Plx3	18.7	10,460	3,111	13,571	725	14
017		Plx4	33.1	31,213	9,255	40,468	1,223	10
018	Viral Meningitis		3.1	1,746	546	2,292	733	71
018		Plx1	3.1	1,723	541	2,264	740	69
018		Plx2	8.0	3,357	1,010	4,367	546	2
018		Plx3	4.0	1,729	538	2,267	567	1
018		Plx4	20.5	12,210	4,091	16,301	795	2
019	Infection Except Viral Meningitis		7.2	6,134	1,662	7,796	1,087	147
019		Plx1	5.6	4,094	1,167	5,261	947	99
019		Plx2	10.5	8,308	2,449	10,756	1,027	21
019		Plx3	10.3	8,599	2,359	10,958	1,060	18
019		Plx4	27.1	26,299	7,174	33,473	1,234	15
020	Hypertensive Encephalopathy		4.7	4,000	1,240	5,240	1,123	3
020		Plx1	2.0	1,062	333	1,396	698	1
020		Plx2	8.0	7,341	2,536	9,877	1,235	1
020		Plx3	4.0	3,597	850	4,448	1,112	1
020		Plx4	38.0	15,677	6,208	21,885	576	1
021	Non-Traumatic Stupor And Coma		3.1	3,093	834	3,927	1,280	59
021		Plx1	2.4	2,059	560	2,619	1,078	42
021		Plx2	3.8	3,177	935	4,112	1,082	5
021		Plx3	3.5	5,156	1,315	6,471	1,849	8
021		Plx4	10.2	12,246	3,441	15,687	1,538	5
022	Seizure And Headache		3.2	2,385	677	3,062	952	1,015
022		Plx1	3.1	2,265	633	2,898	936	859
022		Plx2	4.1	2,769	889	3,658	883	104
022		Plx3	6.3	5,471	1,517	6,988	1,110	58
022		Plx4	13.4	15,389	3,679	19,068	1,423	25

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
028	Other Nervous System Diagnoses		5.7	4,526	1,246	5,772	1,017	326
028		Plx1	4.1	2,695	720	3,416	831	213
028		Plx2	6.8	4,594	1,378	5,972	880	42
028		Plx3	5.5	6,751	1,697	8,448	1,543	19
028		Plx4	11.2	13,713	3,875	17,588	1,567	44
040	Tracheostomy And Gastrostomy Procedures		52.0	60,032	17,229	77,261	1,487	244
040		Plx1	27.5	18,996	5,849	24,844	904	39
040		Plx2	37.2	23,182	7,334	30,517	820	10
040		Plx3	34.2	25,561	7,353	32,914	963	29
040		Plx4	62.6	79,064	22,457	101,522	1,621	167
050	Orbital Procedures		1.4	1,508	579	2,087	1,476	331
050		Plx1	1.4	1,500	577	2,076	1,470	327
050		Plx2	5.2	3,862	1,368	5,229	1,006	5
050		Plx3	5.7	9,866	2,338	12,204	2,154	3
050		Plx4	4.0	4,534	1,262	5,796	1,449	2
051	Other Intraocular Procedures		1.3	1,333	556	1,888	1,408	135
051		Plx1	1.3	1,307	539	1,846	1,390	128
051		Plx2	1.6	1,628	845	2,472	1,545	5
051		Plx3	1.5	2,223	887	3,111	2,074	2
051		Plx4						
052	Retinal Procedures		1.0	1,311	494	1,805	1,805	1,023
052		Plx1	1.0	1,308	493	1,801	1,801	1,017
052		Plx2	2.1	2,392	807	3,199	1,493	7
052		Plx3	1.5	2,102	792	2,894	1,929	4
052		Plx4						
053	Iris And Lens Procedures		1.6	1,219	479	1,698	1,081	14
053		Plx1	1.6	1,219	479	1,698	1,081	14
053		Plx2						
053		Plx3						
053		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
054	**Extraocular Procedures**		**1.5**	**1,710**	**688**	**2,398**	**1,631**	**34**
054		Plx1	1.5	1,710	688	2,398	1,631	34
054		Plx2						
054		Plx3	14.0	13,960	3,915	17,875	1,277	1
054		Plx4						
055	**Lens Insertion (MNRH)**		**1.0**	**1,910**	**621**	**2,531**	**2,531**	**158**
055		Plx1	1.0	1,902	618	2,520	2,520	156
055		Plx2	1.5	3,210	837	4,048	2,698	2
055		Plx3	1.0	2,325	1,069	3,394	3,394	1
055		Plx4						
057	**Other Ophthalmic Procedures (MNRH)**		**1.0**	**1,016**	**382**	**1,398**	**1,398**	**41**
057		Plx1	1.0	1,016	382	1,398	1,398	41
057		Plx2	2.0	1,636	643	2,279	1,140	1
057		Plx3	2.0	1,371	513	1,884	942	1
057		Plx4						
060	**Major Eye Infections**		**4.1**	**2,715**	**1,025**	**3,740**	**909**	**53**
060		Plx1	4.0	2,688	1,006	3,694	914	47
060		Plx2	10.3	1,825	736	2,561	250	4
060		Plx3	4.5	2,722	1,070	3,792	843	2
060		Plx4						
062	**Hyphema**		**2.9**	**1,693**	**555**	**2,247**	**778**	**9**
062		Plx1	2.9	1,693	555	2,247	778	9
062		Plx2						
062		Plx3						
062		Plx4						
063	**Other Ophthalmic Diagnoses (MNRH)**		**2.4**	**1,887**	**564**	**2,451**	**1,001**	**98**
063		Plx1	2.4	1,839	543	2,382	993	88
063		Plx2	7.7	6,220	1,866	8,086	1,055	6
063		Plx3	3.2	1,922	636	2,558	808	6
063		Plx4	5.5	17,896	4,095	21,991	3,998	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
075	PWS - Radical Laryngectomy And Glossectomy		22.2	28,289	10,878	39,167	1,767	56
075		Plx1	15.3	21,037	8,049	29,086	1,907	16
075		Plx2	19.2	24,033	9,902	33,934	1,772	13
075		Plx3	24.2	31,955	11,830	43,785	1,809	10
075		Plx4	34.3	40,531	15,414	55,946	1,630	19
076	PWS - Major Head And Neck Procedures		7.6	11,577	3,983	15,560	2,044	157
076		Plx1	3.8	5,454	2,048	7,502	1,973	106
076		Plx2	10.6	15,452	5,735	21,187	2,007	18
076		Plx3	12.6	17,983	6,487	24,470	1,942	10
076		Plx4	21.6	39,527	11,496	51,023	2,359	19
077	Less Extensive Head And Neck Procedures		1.6	2,084	853	2,937	1,866	225
077		Plx1	1.5	1,942	788	2,730	1,790	215
077		Plx2	3.1	5,487	2,323	7,811	2,511	9
077		Plx3	7.0	4,877	1,886	6,763	966	4
077		Plx4	21.4	47,832	12,936	60,768	2,840	5
078	Cleft Lip And Palate Repair		2.0	3,227	1,099	4,326	2,191	160
078		Plx1	2.0	3,186	1,089	4,275	2,179	158
078		Plx2	4.0	7,228	2,127	9,355	2,339	4
078		Plx3	10.0	10,257	3,339	13,596	1,360	1
078		Plx4						
081	Salivary Gland Procedures		1.5	2,652	1,147	3,799	2,487	165
081		Plx1	1.5	2,615	1,134	3,748	2,478	160
081		Plx2	2.0	3,586	1,576	5,161	2,581	4
081		Plx3	2.0	4,962	1,525	6,487	3,243	1
081		Plx4						
082	Minor Ear, Nose And Throat Procedures		1.4	1,531	630	2,162	1,581	79
082		Plx1	1.0	1,230	542	1,772	1,772	61
082		Plx2	7.5	3,319	1,306	4,625	617	2
082		Plx3						
082		Plx4	5.0	2,564	928	3,492	698	1

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
083	Reconstructive ENT Procedures		2.3	3,970	1,539	5,510	2,422	353
083		Plx1	2.2	3,897	1,515	5,412	2,411	347
083		Plx2	5.0	9,266	4,546	13,812	2,762	3
083		Plx3	4.0	6,699	1,853	8,552	2,138	4
083		Plx4	5.0	10,211	3,047	13,258	2,652	1
084	Miscellaneous Ear, Nose And Throat Procedures		2.5	2,474	869	3,343	1,350	105
084		Plx1	2.4	2,438	855	3,292	1,380	101
084		Plx2	3.0	2,976	1,003	3,979	1,326	3
084		Plx3	22.5	11,306	3,471	14,777	657	2
084		Plx4	20.3	37,985	9,554	47,539	2,348	4
085	Mastoid Procedures		1.3	11,613	1,055	12,668	9,822	176
085		Plx1	1.0	6,454	947	7,401	7,401	132
085		Plx2	1.7	2,534	1,322	3,856	2,314	3
085		Plx3	15.0	18,124	5,898	24,022	1,601	3
085		Plx4	17.0	20,655	7,085	27,740	1,632	2
086	Other Tonsillar Procedures		2.4	1,968	670	2,638	1,122	20
086		Plx1	2.4	1,772	615	2,387	990	17
086		Plx2	2.0	3,077	980	4,057	2,028	3
086		Plx3						
086		Plx4						
087	Sinus Procedures		1.4	1,960	823	2,783	1,979	69
087		Plx1	1.0	1,485	638	2,123	2,123	53
087		Plx2	3.5	7,319	1,486	8,804	2,515	2
087		Plx3	5.0	8,403	2,208	10,610	2,122	2
087		Plx4	4.0	5,529	1,964	7,493	1,873	1
088	Ethmoidectomy (MNRH)		1.0	1,385	665	2,050	2,050	185
088		Plx1	1.0	1,384	664	2,048	2,048	183
088		Plx2	1.0	1,424	735	2,159	2,159	2
088		Plx3	26.0	16,301	4,589	20,890	803	1
088		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
089	Dental Extraction Or Restoration (MNRH)		1.5	1,904	736	2,640	1,742	128
089		Plx1	1.5	1,849	725	2,574	1,750	119
089		Plx2	1.8	2,131	742	2,872	1,567	6
089		Plx3	2.7	3,618	1,181	4,799	1,800	3
089		Plx4	8.0	5,464	1,351	6,815	852	1
090	External And Middle Ear Procedures (MNRH)		1.0	1,333	631	1,964	1,964	78
090		Plx1	1.0	1,333	631	1,964	1,964	78
090		Plx2						
090		Plx3						
090		Plx4						
091	Nasal Procedures (MNRH)		1.0	1,252	509	1,761	1,761	37
091		Plx1	1.0	1,252	509	1,761	1,761	37
091		Plx2						
091		Plx3						
091		Plx4						
092	Myringotomy (MNRH)		1.0	1,300	395	1,695	1,695	21
092		Plx1	1.0	1,247	378	1,625	1,625	18
092		Plx2	2.0	2,198	733	2,931	1,465	2
092		Plx3	4.0	4,694	1,456	6,150	1,537	3
092		Plx4	6.0	6,416	2,175	8,591	1,432	1
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		1.0	1,492	518	2,010	2,010	327
093		Plx1	1.0	1,492	518	2,009	2,009	326
093		Plx2	2.8	3,456	1,210	4,666	1,697	8
093		Plx3						
093		Plx4	5.3	13,504	3,037	16,540	3,101	3
100	ENT Malignancy		12.6	7,498	2,402	9,900	788	55
100		Plx1	6.8	4,188	1,325	5,513	809	33
100		Plx2	11.9	7,201	2,251	9,451	797	7
100		Plx3	20.5	10,380	3,530	13,910	679	8
100		Plx4	33.3	20,718	6,583	27,301	820	7

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
101	Acute Suppurative Infections		4.0	2,162	811	2,973	737	27
101		Plx1	4.1	2,216	841	3,057	742	25
101		Plx2	3.0	1,490	443	1,933	644	2
101		Plx3						
101		Plx4						
102	Dysequilibrium		3.5	1,690	508	2,198	631	183
102		Plx1	3.4	1,662	498	2,160	628	174
102		Plx2	8.2	3,670	1,328	4,998	613	13
102		Plx3	6.0	2,955	817	3,772	629	1
102		Plx4						
104	Influenza		2.7	1,833	637	2,470	923	167
104		Plx1	2.5	1,605	563	2,168	872	142
104		Plx2	3.7	2,475	972	3,448	928	14
104		Plx3	4.0	3,163	1,047	4,210	1,053	11
104		Plx4	9.0	19,792	4,364	24,156	2,684	1
107	Epiglottitis		3.0	3,436	986	4,423	1,456	26
107		Plx1	2.7	2,623	789	3,412	1,264	20
107		Plx2	2.0	3,236	834	4,070	2,035	3
107		Plx3	4.0	9,930	2,612	12,542	3,135	1
107		Plx4	7.5	8,628	2,376	11,004	1,467	2
108	Epistaxis		3.1	1,605	563	2,169	692	152
108		Plx1	3.0	1,535	545	2,080	695	135
108		Plx2	3.2	1,545	548	2,093	650	9
108		Plx3	5.0	2,441	807	3,248	650	5
108		Plx4	10.4	5,739	1,543	7,282	700	5
109	Other ENT Infections		3.4	1,822	722	2,543	758	107
109		Plx1	3.1	1,652	685	2,337	744	99
109		Plx2	5.3	3,656	1,167	4,822	904	6
109		Plx3	24.0	14,053	4,108	18,160	757	1
109		Plx4	9.7	9,337	3,081	12,418	1,285	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Casemix Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Central Cases
113	Sinusitis (MNRH)		3.2	2,120	728	2,849	898	29
113		Plx1	3.1	2,028	723	2,752	895	27
113		Plx2	6.5	4,474	1,663	6,137	944	2
113		Plx3	6.0	5,531	1,096	6,628	1,105	1
113		Plx4						
114	Sore Throat (MNRH)		2.4	1,279	511	1,790	753	133
114		Plx1	2.3	1,233	502	1,736	739	126
114		Plx2	4.3	1,601	698	2,299	541	4
114		Plx3	2.8	2,615	786	3,401	1,237	4
114		Plx4	8.0	7,991	1,769	9,760	1,220	1
115	Miscellaneous ENT Diagnoses (MNRH)		1.8	1,445	485	1,930	1,083	137
115		Plx1	1.0	1,032	338	1,370	1,370	75
115		Plx2	8.0	5,263	1,879	7,142	888	25
115		Plx3	10.1	7,147	2,097	9,243	912	15
115		Plx4	13.7	13,179	4,043	17,222	1,260	9
116	Croup (MNRH)		1.3	1,034	378	1,412	1,049	101
116		Plx1	1.4	1,042	382	1,424	1,052	99
116		Plx2	1.0	652	179	830	830	2
116		Plx3	5.0	3,265	937	4,202	840	1
116		Plx4						
125	Tracheostomy		47.3	79,481	22,764	102,245	2,161	128
125		Plx1	5.6	6,043	2,077	8,119	1,446	13
125		Plx2	11.0	16,083	5,284	21,367	1,942	2
125		Plx3	17.3	24,648	8,930	33,578	1,947	4
125		Plx4	53.2	91,232	25,953	117,185	2,204	106
126	PWS - Resection Of Lung		6.8	7,676	2,481	10,156	1,494	342
126		Plx1	6.0	6,981	2,311	9,292	1,539	228
126		Plx2	7.9	8,329	2,575	10,904	1,383	51
126		Plx3	8.7	9,134	2,924	12,058	1,391	45
126		Plx4	13.0	15,684	4,583	20,267	1,564	25

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
127	**Major Respiratory Procedures**		**10.8**	**9,621**	**2,838**	**12,459**	**1,155**	**453**
127		Plx1	8.0	6,071	1,855	7,927	986	234
127		Plx2	11.8	8,758	2,683	11,441	970	82
127		Plx3	13.3	10,397	3,213	13,610	1,021	66
127		Plx4	19.9	26,553	7,202	33,755	1,693	77
128	Minor Respiratory Procedures		4.3	5,275	1,677	6,952	1,603	83
128		Plx1	4.0	5,112	1,677	6,789	1,704	61
128		Plx2	4.5	5,939	1,558	7,497	1,666	14
128		Plx3	4.2	4,181	1,425	5,607	1,346	6
128		Plx4	27.8	43,854	11,677	55,531	1,998	5
129	**Other Respiratory Procedures**		**2.7**	**3,418**	**890**	**4,308**	**1,621**	**161**
129		Plx1	1.3	2,606	597	3,203	2,422	121
129		Plx2	7.5	5,543	1,698	7,241	962	17
129		Plx3	9.0	5,525	1,668	7,193	799	8
129		Plx4	18.9	21,264	6,557	27,820	1,473	9
135	Tuberculosis		17.9	7,458	2,348	9,806	547	39
135		Plx1	16.1	6,643	2,092	8,736	542	28
135		Plx2	48.5	18,910	5,831	24,741	510	6
135		Plx3	16.0	6,420	2,163	8,584	536	5
135		Plx4	48.0	20,157	6,107	26,264	547	2
136	**Respiratory Failure**		**9.8**	**10,295**	**2,976**	**13,272**	**1,359**	**332**
136		Plx1	7.1	5,506	1,740	7,247	1,020	86
136		Plx2	8.3	6,679	1,969	8,648	1,038	70
136		Plx3	9.8	7,777	2,369	10,145	1,032	72
136		Plx4	13.5	18,534	5,177	23,711	1,756	106
137	Respiratory Infections And Inflammations		9.0	6,572	2,072	8,644	961	617
137		Plx1	6.9	4,065	1,318	5,382	782	289
137		Plx2	10.1	5,964	1,962	7,926	787	109
137		Plx3	11.3	7,445	2,477	9,922	881	109
137		Plx4	14.2	14,540	4,290	18,830	1,325	122

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
138	Respiratory Neoplasms		10.8	6,150	1,940	8,090	749	683
138		Plx1	7.8	4,449	1,378	5,827	746	276
138		Plx2	11.8	6,241	1,982	8,224	700	190
138		Plx3	12.4	7,275	2,272	9,547	772	138
138		Plx4	15.6	10,381	3,194	13,575	871	74
139	Interstitial Disease		9.8	6,095	1,804	7,899	803	139
139		Plx1	6.8	3,708	1,152	4,860	711	60
139		Plx2	7.6	4,081	1,253	5,333	704	31
139		Plx3	12.5	5,907	2,027	7,934	636	23
139		Plx4	17.5	14,651	4,088	18,739	1,068	22
140	Chronic Obstructive Pulmonary Disease (COPD)		7.9	4,501	1,500	6,001	766	614
140		Plx1	6.2	2,962	962	3,924	632	147
140		Plx2	6.6	3,179	1,112	4,291	648	242
140		Plx3	10.6	5,582	1,900	7,482	708	133
140		Plx4	12.2	10,012	3,206	13,218	1,081	101
141	Pulmonary Edema		6.8	8,983	2,520	11,502	1,690	92
141		Plx1	4.3	2,949	904	3,853	887	35
141		Plx2	5.2	4,520	1,448	5,968	1,148	15
141		Plx3	11.5	10,175	3,313	13,488	1,168	11
141		Plx4	12.7	24,224	6,676	30,900	2,438	37
142	Chronic Bronchitis		6.9	3,499	1,164	4,663	673	1,560
142		Plx1	5.7	2,592	886	3,478	611	943
142		Plx2	7.7	3,620	1,214	4,833	626	322
142		Plx3	11.0	5,730	1,899	7,629	697	207
142		Plx4	14.1	10,341	3,259	13,600	964	104
143	Simple Pneumonia And Pleurisy		5.9	3,528	1,177	4,705	797	2,879
143		Plx1	4.6	2,449	882	3,331	728	1,915
143		Plx2	7.8	4,115	1,381	5,496	707	479
143		Plx3	10.0	6,104	1,939	8,043	807	287
143		Plx4	13.5	12,373	3,567	15,940	1,179	234

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
144	**Pneumothorax**		**4.2**	**2,479**	**817**	**3,296**	**784**	**155**
144		Plx1	3.6	2,001	686	2,687	756	128
144		Plx2	6.4	3,379	1,129	4,508	709	14
144		Plx3	9.5	6,521	1,805	8,326	872	11
144		Plx4	15.3	14,929	4,722	19,651	1,282	3
145	Tracheobronchitis		3.2	2,417	954	3,371	1,061	968
145		Plx1	3.1	2,309	926	3,235	1,047	879
145		Plx2	5.8	4,142	1,506	5,649	977	88
145		Plx3	7.9	7,198	2,159	9,356	1,180	29
145		Plx4	15.4	24,457	6,409	30,866	2,001	21
146	**Asthma**		**2.4**	**1,736**	**624**	**2,359**	**971**	**1,088**
146		Plx1	2.4	1,637	596	2,234	950	1,010
146		Plx2	4.4	3,182	1,035	4,217	957	69
146		Plx3	5.2	4,487	1,416	5,903	1,137	26
146		Plx4	11.4	15,497	4,512	20,010	1,758	13
147	Other Respiratory Diagnoses		4.4	3,327	990	4,317	988	544
147		Plx1	3.5	2,593	784	3,377	953	379
147		Plx2	5.8	3,989	1,214	5,203	904	91
147		Plx3	6.5	4,498	1,328	5,826	896	46
147		Plx4	9.9	12,327	3,193	15,521	1,562	32
175	**PWS - Heart Or Lung Transplant**		**29.0**	**59,686**	**17,802**	**77,488**	**2,675**	**67**
175		Plx1	12.8	28,383	8,447	36,830	2,889	8
175		Plx2	19.5	36,228	11,227	47,455	2,434	10
175		Plx3	19.3	35,964	11,088	47,051	2,440	14
175		Plx4	62.0	109,316	32,902	142,218	2,295	43
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		25.1	38,445	9,342	47,787	1,901	56
176		Plx1	17.9	22,249	5,591	27,840	1,553	13
176		Plx2	22.2	25,930	6,651	32,582	1,468	16
176		Plx3	26.0	32,892	7,813	40,705	1,566	6
176		Plx4	34.7	67,840	15,774	83,613	2,411	22

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		8.4	18,275	4,772	23,048	2,751	460
177		Plx1	6.5	14,703	3,855	18,558	2,874	225
177		Plx2	9.0	17,835	4,531	22,366	2,488	102
177		Plx3	11.2	22,174	5,973	28,147	2,505	72
177		Plx4	16.3	34,082	9,045	43,127	2,640	83
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		17.9	24,582	6,506	31,088	1,734	321
178		Plx1	15.7	20,252	5,501	25,753	1,639	79
178		Plx2	16.3	20,261	5,472	25,733	1,578	105
178		Plx3	19.3	24,017	6,668	30,685	1,593	78
178		Plx4	23.6	41,802	10,197	51,999	2,204	62
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		7.8	13,459	4,140	17,599	2,263	1,384
179		Plx1	5.9	10,990	3,564	14,554	2,449	616
179		Plx2	8.0	13,160	3,968	17,128	2,146	411
179		Plx3	10.4	16,381	4,843	21,224	2,046	221
179		Plx4	16.0	30,765	8,566	39,332	2,455	144
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		19.6	38,275	9,467	47,742	2,430	17
181		Plx1	10.0	10,938	2,513	13,451	1,345	2
181		Plx2	16.0	23,606	6,278	29,885	1,868	4
181		Plx3	19.5	26,042	7,020	33,062	1,695	4
181		Plx4	24.6	61,459	14,673	76,132	3,098	7
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		7.4	16,245	4,617	20,862	2,823	285
182		Plx1	5.3	11,438	3,452	14,890	2,830	130
182		Plx2	6.8	14,592	4,346	18,938	2,778	49
182		Plx3	8.1	16,951	4,770	21,721	2,669	43
182		Plx4	13.9	33,707	8,703	42,410	3,055	67
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		7.6	14,070	3,351	17,422	2,294	113
183		Plx1	2.5	6,549	1,205	7,754	3,066	34
183		Plx2	7.2	10,206	2,600	12,806	1,789	19
183		Plx3	8.8	12,359	3,009	15,368	1,753	17
183		Plx4	13.5	23,934	6,084	30,018	2,220	44

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		9.2	12,559	3,607	16,166	1,754	88
184		Plx1	4.9	7,184	2,313	9,497	1,955	28
184		Plx2	8.4	9,569	2,829	12,398	1,472	19
184		Plx3	10.8	12,846	3,553	16,399	1,525	20
184		Plx4	19.7	28,379	7,840	36,219	1,842	24
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		9.9	26,473	4,911	31,384	3,160	218
185		Plx1	7.1	26,528	4,612	31,140	4,412	87
185		Plx2	9.1	22,220	4,099	26,319	2,877	61
185		Plx3	11.2	25,075	4,962	30,037	2,691	43
185		Plx4	20.7	38,012	7,742	45,754	2,208	29
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		5.5	11,881	2,499	14,380	2,625	673
186		Plx1	4.0	10,417	2,103	12,520	3,130	468
186		Plx2	8.8	14,994	3,219	18,213	2,072	118
186		Plx3	9.8	15,043	3,564	18,608	1,891	68
186		Plx4	14.0	21,995	5,527	27,522	1,966	29
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		4.6	8,297	1,938	10,236	2,211	1,391
188		Plx1	4.0	7,854	1,780	9,635	2,411	968
188		Plx2	5.5	8,483	2,033	10,516	1,897	254
188		Plx3	7.8	10,412	2,716	13,128	1,692	140
188		Plx4	14.5	18,706	5,194	23,900	1,645	68
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1.3	6,037	1,222	7,259	5,479	862
189		Plx1	1.0	5,977	1,233	7,210	7,210	428
189		Plx2	2.3	6,547	1,349	7,896	3,481	417
189		Plx3	7.4	9,730	2,195	11,926	1,604	46
189		Plx4	12.4	13,553	3,536	17,089	1,380	13
191	Temporary Cardiac Pacemaker		8.9	10,483	2,872	13,355	1,500	32
191		Plx1	6.2	6,712	1,716	8,429	1,367	12
191		Plx2	8.5	13,444	3,378	16,823	1,979	4
191		Plx3	17.0	14,537	4,378	18,915	1,113	4
191		Plx4	9.1	11,916	3,357	15,273	1,681	12

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
193	Cardiac Pacemaker Device Replacement Or Revision		1.7	10,686	964	11,651	6,842	37
193		Plx1	1.6	10,776	887	11,663	7,177	32
193		Plx2	8.9	15,266	3,129	18,395	2,069	9
193		Plx3	8.7	11,545	2,396	13,941	1,609	3
193		Plx4	21.0	13,528	3,973	17,501	833	2
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		2.3	4,203	916	5,119	2,272	221
194		Plx1	1.2	3,276	665	3,941	3,175	170
194		Plx2	4.9	6,679	1,738	8,417	1,716	21
194		Plx3	5.4	7,888	2,131	10,019	1,846	7
194		Plx4	14.9	20,287	4,737	25,024	1,684	7
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		6.8	7,029	2,047	9,076	1,330	74
200		Plx1	5.9	4,559	1,286	5,845	984	17
200		Plx2	5.0	5,622	1,664	7,287	1,457	16
200		Plx3	6.9	7,796	2,128	9,924	1,449	20
200		Plx4	8.1	9,769	2,810	12,578	1,553	20
201	AMI With Cardiac Cath With Congestive Heart Failure		11.7	9,289	3,104	12,393	1,063	120
201		Plx1	9.7	7,697	2,504	10,201	1,055	67
201		Plx2	14.4	9,980	3,819	13,799	955	18
201		Plx3	12.1	10,375	3,542	13,918	1,147	23
201		Plx4	16.3	14,814	4,356	19,170	1,178	11
202	AMI With Cardiac Cath With Ventricular Tachycardia		9.4	8,257	2,708	10,965	1,170	16
202		Plx1	9.2	7,849	2,505	10,354	1,129	12
202		Plx2	11.0	9,441	3,896	13,337	1,212	1
202		Plx3	6.5	7,510	2,894	10,404	1,601	2
202		Plx4	16.0	13,467	3,585	17,052	1,066	1
203	AMI With Cardiac Cath With Angina		7.5	5,938	2,080	8,017	1,072	52
203		Plx1	7.2	5,831	2,052	7,883	1,096	45
203		Plx2	11.3	6,411	2,289	8,700	768	3
203		Plx3	9.3	7,561	2,612	10,173	1,090	3
203		Plx4	4.0	4,441	1,109	5,550	1,387	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		8.1	6,308	2,047	8,355	1,036	534
204		Plx1	7.6	5,934	1,924	7,858	1,034	471
204		Plx2	11.5	8,871	2,823	11,694	1,014	32
204		Plx3	13.0	8,942	2,988	11,930	914	21
204		Plx4	11.0	13,317	4,149	17,466	1,588	9
205	AMI Without Cardiac Cath With Congestive Heart Failure		9.0	6,213	2,067	8,280	916	219
205		Plx1	6.8	4,634	1,588	6,223	914	121
205		Plx2	12.1	8,178	2,644	10,822	895	42
205		Plx3	13.4	8,225	2,686	10,911	816	30
205		Plx4	15.1	11,685	3,762	15,448	1,021	32
206	AMI Without Cardiac Cath With Ventricular Tachycardia		5.0	5,013	1,699	6,712	1,334	30
206		Plx1	5.3	4,873	1,800	6,673	1,251	18
206		Plx2	5.7	3,027	1,013	4,040	713	3
206		Plx3	2.3	3,528	1,193	4,721	2,098	4
206		Plx4	7.4	8,001	2,350	10,350	1,399	5
207	AMI Without Cardiac Cath With Angina		5.6	3,919	1,220	5,140	911	25
207		Plx1	4.3	2,914	900	3,815	884	19
207		Plx2	9.2	6,529	2,124	8,653	941	5
207		Plx3						
207		Plx4	13.0	9,971	2,781	12,751	981	1
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		4.5	3,796	1,187	4,983	1,097	709
208		Plx1	4.2	3,464	1,081	4,546	1,087	580
208		Plx2	7.3	5,122	1,710	6,832	932	42
208		Plx3	6.3	5,063	1,589	6,652	1,048	58
208		Plx4	6.3	7,692	2,299	9,991	1,591	32
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		10.3	7,675	2,476	10,150	982	12
210		Plx1	9.1	6,703	2,203	8,906	977	9
210		Plx2	5.0	4,319	1,096	5,414	1,083	1
210		Plx3	26.0	19,834	6,518	26,352	1,014	1
210		Plx4	11.0	7,620	2,266	9,886	899	1

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		6.9	4,710	1,569	6,279	906	168
211		Plx1	6.6	4,369	1,458	5,827	879	155
211		Plx2	8.5	6,007	1,907	7,915	931	6
211		Plx3	10.3	10,854	3,476	14,330	1,398	4
211		Plx4	27.3	18,785	6,128	24,913	911	3
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		6.4	4,129	1,413	5,542	869	32
212		Plx1	5.6	3,380	1,156	4,535	813	26
212		Plx2	11.0	11,500	4,314	15,814	1,438	1
212		Plx3	13.0	8,726	2,743	11,469	882	5
212		Plx4	32.8	17,629	7,190	24,819	758	4
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		3.7	2,478	803	3,281	885	306
213		Plx1	3.6	2,393	787	3,180	879	286
213		Plx2	6.5	3,872	1,204	5,076	781	20
213		Plx3	16.0	11,631	3,969	15,600	975	3
213		Plx4	5.5	6,398	1,481	7,879	1,433	4
215	Cardiac Cath With Congestive Heart Failure		12.3	8,381	2,603	10,985	892	215
215		Plx1	10.9	6,992	2,166	9,158	844	154
215		Plx2	14.8	9,847	3,300	13,148	891	32
215		Plx3	14.5	11,717	3,450	15,166	1,046	14
215		Plx4	25.2	19,300	5,847	25,147	999	18
216	Cardiac Cath With Ventricular Tachycardia		9.0	6,440	2,067	8,507	944	93
216		Plx1	8.4	5,675	1,873	7,548	899	74
216		Plx2	10.2	7,860	2,461	10,321	1,016	13
216		Plx3	11.4	8,937	2,704	11,641	1,021	5
216		Plx4	35.5	24,570	7,346	31,917	899	2
217	Cardiac Cath With Unstable Angina		6.9	4,757	1,523	6,280	905	316
217		Plx1	6.6	4,499	1,432	5,931	905	285
217		Plx2	9.2	6,066	1,965	8,031	876	18
217		Plx3	10.0	7,828	2,544	10,372	1,037	5
217		Plx4	13.3	9,392	3,145	12,537	940	6

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
218	Cardiac Cath Without Specified Cardiac Conditions		4.7	3,856	1,075	4,931	1,049	719
218		Plx1	4.6	3,672	1,030	4,702	1,031	674
218		Plx2	6.1	6,865	1,773	8,638	1,413	35
218		Plx3	10.6	5,842	1,784	7,627	723	9
218		Plx4	13.3	6,947	2,418	9,365	702	3
219	Endocarditis		17.3	10,955	3,432	14,387	832	59
219		Plx1	14.3	6,592	2,321	8,912	622	21
219		Plx2	15.5	7,889	2,449	10,338	667	2
219		Plx3	12.9	8,936	2,522	11,458	889	17
219		Plx4	22.9	17,257	5,473	22,730	991	18
220	Pulmonary Embolism		7.0	3,877	1,206	5,083	729	440
220		Plx1	5.7	2,950	916	3,866	673	256
220		Plx2	8.2	4,645	1,462	6,107	746	117
220		Plx3	11.2	6,030	1,916	7,946	708	49
220		Plx4	14.2	10,162	3,105	13,267	932	25
222	Heart Failure		8.4	4,362	1,464	5,826	690	1,725
222		Plx1	6.9	3,358	1,139	4,497	655	1,058
222		Plx2	10.6	5,058	1,753	6,811	644	323
222		Plx3	12.8	6,531	2,228	8,759	686	220
222		Plx4	21.6	12,811	4,186	16,997	786	196
225	Hypertensive Heart Disease		8.4	4,422	1,386	5,808	693	34
225		Plx1	6.0	3,466	1,167	4,633	772	9
225		Plx2	9.4	4,622	1,415	6,036	642	20
225		Plx3	12.8	7,744	2,372	10,116	790	5
225		Plx4	11.0	7,879	2,444	10,323	938	1
226	Other Circulatory Diagnoses		5.0	3,461	1,079	4,540	906	480
226		Plx1	4.0	2,783	854	3,637	911	326
226		Plx2	7.2	4,619	1,532	6,151	856	99
226		Plx3	9.2	6,405	2,060	8,465	922	45
226		Plx4	17.6	10,883	3,372	14,256	812	27

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
229	Atherosclerosis (MNRH)		5.1	3,041	978	4,019	794	502
229		Plx1	4.2	2,519	801	3,320	786	381
229		Plx2	7.2	4,336	1,395	5,731	793	65
229		Plx3	11.7	6,842	2,293	9,135	784	41
229		Plx4	15.7	10,048	3,372	13,420	855	16
232	Acquired Valvular Disorders (MNRH)		5.9	3,352	1,080	4,432	750	54
232		Plx1	4.9	2,622	893	3,514	724	27
232		Plx2	5.8	3,545	1,068	4,612	795	20
232		Plx3	22.6	10,069	3,553	13,622	602	8
232		Plx4	31.0	24,337	8,076	32,413	1,046	4
233	Hypertension (MNRH)		3.8	2,123	662	2,784	737	126
233		Plx1	3.4	1,879	600	2,479	722	101
233		Plx2	5.5	3,515	1,048	4,563	830	18
233		Plx3	6.4	3,628	1,119	4,747	738	7
233		Plx4	13.6	8,449	2,532	10,981	807	5
234	Congenital Cardiac Disorders (MNRH)		4.9	6,213	1,577	7,790	1,588	21
234		Plx1	4.1	3,209	836	4,045	984	9
234		Plx2	5.1	5,080	1,505	6,585	1,280	7
234		Plx3	15.0	10,827	2,979	13,806	920	3
234		Plx4	3.0	17,715	3,690	21,405	7,135	3
235	Angina Pectoris		2.9	1,698	584	2,282	791	122
235		Plx1	2.7	1,601	543	2,144	790	105
235		Plx2	4.3	2,560	884	3,444	810	16
235		Plx3	8.0	3,402	1,332	4,734	592	3
235		Plx4						
237	Arrhythmia		4.7	2,953	936	3,890	819	1,110
237		Plx1	3.7	2,360	737	3,097	841	800
237		Plx2	7.6	4,270	1,401	5,671	743	203
237		Plx3	9.4	6,001	1,823	7,825	833	83
237		Plx4	9.4	7,123	2,168	9,291	993	34

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
240	**Syncope And Collapse**		**4.1**	**2,197**	**686**	**2,883**	**706**	**284**
240		Plx1	3.9	2,113	649	2,762	714	252
240		Plx2	7.5	3,414	1,203	4,618	617	23
240		Plx3	9.4	4,866	1,698	6,564	700	16
240		Plx4	14.0	14,555	4,188	18,744	1,339	1
242	Chest Pain		2.6	1,794	535	2,329	896	986
242		Plx1	2.5	1,746	520	2,266	891	912
242		Plx2	4.2	2,728	827	3,556	842	67
242		Plx3	7.6	4,842	1,506	6,348	834	23
242		Plx4	7.2	3,881	1,164	5,045	704	6
250	**Extensive Gastrointestinal Procedures**		**14.8**	**16,813**	**5,581**	**22,393**	**1,510**	**70**
250		Plx1	9.0	9,080	3,086	12,165	1,346	27
250		Plx2	13.5	14,754	5,780	20,534	1,526	11
250		Plx3	17.0	16,335	5,178	21,513	1,265	7
250		Plx4	22.6	28,462	8,988	37,451	1,659	26
251	Gastrostomy And Colostomy Procedures		15.5	13,741	4,622	18,363	1,187	1,125
251		Plx1	11.0	8,463	3,080	11,543	1,049	547
251		Plx2	15.1	11,367	3,999	15,366	1,016	134
251		Plx3	17.2	13,445	4,462	17,907	1,040	166
251		Plx4	33.0	35,384	10,915	46,300	1,405	321
252	**Major Esophageal, Stomach And Duodenum Procedures**		**13.9**	**14,636**	**4,644**	**19,280**	**1,386**	**66**
252		Plx1	11.0	8,954	3,211	12,165	1,106	38
252		Plx2	11.3	8,171	2,970	11,142	990	4
252		Plx3	11.0	10,141	4,249	14,390	1,308	7
252		Plx4	27.6	35,471	10,183	45,654	1,657	18
253	Major Intestinal And Rectal Procedures		10.1	7,957	2,773	10,730	1,065	1,287
253		Plx1	8.5	6,456	2,316	8,772	1,034	829
253		Plx2	12.3	8,871	3,056	11,927	973	129
253		Plx3	11.7	9,150	3,216	12,366	1,053	173
253		Plx4	19.0	18,267	5,843	24,109	1,269	167

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
255	**Less Extensive Esophageal, Stomach And Duodenum Procedures**		**6.5**	**5,706**	**1,967**	**7,674**	**1,189**	**542**
255		Plx1	5.7	4,949	1,752	6,701	1,168	425
255		**Plx2**	**9.6**	**9,096**	**2,962**	**12,058**	**1,252**	**51**
255		Plx3	8.9	6,732	2,496	9,227	1,036	42
255		**Plx4**	**14.8**	**15,762**	**4,514**	**20,276**	**1,369**	**36**
258	Laparotomy		7.5	5,883	1,998	7,881	1,046	521
258		**Plx1**	**6.1**	**4,483**	**1,611**	**6,094**	**995**	**369**
258		Plx2	10.8	7,810	2,803	10,612	984	65
258		**Plx3**	**13.5**	**9,822**	**3,250**	**13,072**	**968**	**47**
258		Plx4	16.4	17,149	4,983	22,133	1,352	52
260	**Less Extensive Intestinal And Rectal Procedures**		**3.3**	**2,464**	**869**	**3,332**	**1,011**	**156**
260		Plx1	2.8	2,196	742	2,937	1,035	137
260		**Plx2**	**6.9**	**4,049**	**1,518**	**5,567**	**807**	**10**
260		Plx3	7.2	4,370	1,729	6,099	844	9
260		**Plx4**	**36.3**	**34,874**	**11,481**	**46,355**	**1,276**	**3**
261	Complicated Appendectomy		4.5	3,387	1,232	4,618	1,022	587
261		**Plx1**	**4.2**	**3,166**	**1,158**	**4,324**	**1,037**	**511**
261		Plx2	7.2	5,371	1,796	7,167	990	29
261		**Plx3**	**6.4**	**4,458**	**1,608**	**6,066**	**949**	**33**
261		Plx4	6.3	4,708	1,692	6,401	1,024	8
262	**Simple Appendectomy**		**2.3**	**2,109**	**779**	**2,888**	**1,240**	**1,298**
262		Plx1	2.3	2,081	771	2,851	1,242	1,268
262		**Plx2**	**3.8**	**3,745**	**1,234**	**4,979**	**1,297**	**25**
262		Plx3	5.4	3,829	1,408	5,237	978	14
262		**Plx4**	**8.3**	**6,888**	**2,374**	**9,262**	**1,111**	**3**
264	Minor Gastrointestinal Procedures		2.9	3,175	1,040	4,214	1,433	68
264		**Plx1**	**2.6**	**2,818**	**919**	**3,737**	**1,423**	**59**
264		Plx2	4.6	4,999	1,683	6,682	1,453	5
264		**Plx3**						
264		Plx4	5.0	6,102	2,048	8,150	1,630	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
265	Abdominal Laparoscopy		2.4	2,098	753	2,851	1,191	38
265		Plx1	2.3	2,038	725	2,763	1,189	37
265		Plx2						
265		Plx3	5.0	4,318	1,807	6,125	1,225	1
265		Plx4						
266	Anus And Stomal Procedures (MNRH)		2.2	1,746	633	2,379	1,102	276
266		Plx1	2.0	1,694	611	2,305	1,129	257
266		Plx2	4.6	2,868	1,091	3,959	869	18
266		Plx3	6.0	2,703	1,049	3,752	625	5
266		Plx4	48.0	19,527	6,175	25,703	535	1
269	Bilateral Hernia Procedures		2.4	2,304	908	3,212	1,316	813
269		Plx1	2.3	2,207	874	3,080	1,348	757
269		Plx2	4.2	3,369	1,273	4,641	1,112	40
269		Plx3	7.5	5,895	2,293	8,188	1,088	19
269		Plx4	10.3	9,134	2,781	11,916	1,160	11
271	Unilateral Hernia Procedures (MNRH)		1.6	1,652	659	2,310	1,432	272
271		Plx1	1.6	1,630	652	2,282	1,418	261
271		Plx2	5.1	3,889	1,465	5,355	1,059	18
271		Plx3	10.0	7,850	2,385	10,235	1,023	6
271		Plx4	9.7	7,237	2,568	9,805	1,014	6
279	Digestive System Malignancy		9.3	4,776	1,607	6,384	689	383
279		Plx1	6.7	3,408	1,104	4,512	675	178
279		Plx2	10.0	4,919	1,615	6,534	654	114
279		Plx3	11.4	5,745	1,904	7,649	673	50
279		Plx4	16.2	9,594	3,446	13,040	804	41
281	G.I. Hemorrhage		4.5	2,555	817	3,372	754	1,171
281		Plx1	3.7	2,077	668	2,745	737	793
281		Plx2	4.9	2,761	900	3,661	744	222
281		Plx3	8.0	5,029	1,589	6,618	824	91
281		Plx4	9.7	7,125	2,051	9,176	944	61

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
285	Complicated Ulcer		5.5	2,894	943	3,837	699	98
285		Plx1	4.6	2,385	767	3,151	687	53
285		Plx2	5.8	3,134	1,031	4,165	717	31
285		Plx3	7.2	3,567	1,214	4,781	667	12
285		Plx4	17.3	16,071	4,798	20,869	1,204	3
286	Uncomplicated Ulcer		4.2	2,287	719	3,005	708	111
286		Plx1	3.4	1,982	604	2,586	752	71
286		Plx2	4.7	2,382	755	3,137	667	27
286		Plx3	7.6	4,613	1,745	6,358	837	10
286		Plx4	15.5	11,860	3,749	15,609	1,007	2
289	Inflammatory Bowel Disease		5.2	2,291	770	3,062	585	475
289		Plx1	5.5	2,342	787	3,129	573	389
289		Plx2	4.3	2,076	704	2,780	642	63
289		Plx3	8.7	3,551	1,220	4,771	551	30
289		Plx4	16.8	8,548	2,900	11,447	680	6
290	G.I. Obstruction		4.3	2,048	715	2,763	649	899
290		Plx1	3.9	1,835	647	2,483	642	792
290		Plx2	6.4	3,274	1,147	4,421	693	63
290		Plx3	9.3	4,894	1,632	6,526	698	26
290		Plx4	13.3	8,415	2,680	11,095	832	18
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3.6	1,848	646	2,494	686	4,026
294		Plx1	3.1	1,571	559	2,130	685	3,275
294		Plx2	5.3	2,727	922	3,649	685	471
294		Plx3	6.9	3,721	1,250	4,971	724	178
294		Plx4	14.2	8,270	2,571	10,841	763	90
297	Other G.I. Diagnoses		4.2	2,339	775	3,114	750	953
297		Plx1	3.6	1,895	648	2,544	711	735
297		Plx2	4.9	2,969	941	3,910	804	125
297		Plx3	7.3	4,528	1,447	5,975	816	59
297		Plx4	14.6	10,498	3,248	13,746	944	44

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
310	PWS - Liver Transplant		15.1	29,798	10,881	40,680	2,686	56
310		Plx1	11.0	20,432	8,406	28,838	2,622	9
310		Plx2	11.5	23,213	8,680	31,893	2,773	10
310		Plx3	15.6	24,747	9,410	34,156	2,190	5
310		Plx4	32.1	57,053	19,051	76,104	2,373	42
311	Major Pancreatic Procedures		17.5	15,571	5,629	21,200	1,210	182
311		Plx1	11.2	9,498	3,805	13,302	1,183	81
311		Plx2	15.3	11,781	4,347	16,128	1,053	32
311		Plx3	23.9	17,660	6,229	23,889	998	28
311		Plx4	33.6	37,588	12,359	49,947	1,487	42
312	Major Hepatobiliary Procedures		9.3	10,652	4,207	14,859	1,595	123
312		Plx1	7.8	9,073	3,731	12,804	1,644	71
312		Plx2	10.7	11,463	3,698	15,161	1,421	21
312		Plx3	11.5	11,742	5,081	16,823	1,463	18
312		Plx4	21.9	24,364	8,464	32,828	1,499	20
313	Common Duct Exploration		14.7	10,048	3,208	13,256	905	26
313		Plx1	8.5	6,934	2,205	9,139	1,075	14
313		Plx2	15.3	7,738	2,964	10,701	698	3
313		Plx3	14.3	9,159	3,359	12,518	873	3
313		Plx4	22.7	18,471	4,966	23,437	1,034	3
314	Other Hepatobiliary And Pancreatic Procedures		10.6	8,712	2,751	11,463	1,077	111
314		Plx1	7.7	6,029	1,973	8,002	1,035	59
314		Plx2	10.3	8,026	2,718	10,744	1,040	18
314		Plx3	14.5	11,201	3,319	14,520	1,004	13
314		Plx4	19.6	16,772	4,969	21,741	1,110	24
315	Cholecystectomy		7.3	5,853	2,152	8,005	1,101	271
315		Plx1	6.1	4,901	1,859	6,760	1,111	162
315		Plx2	7.2	5,507	2,084	7,591	1,054	49
315		Plx3	10.0	7,899	2,834	10,733	1,076	42
315		Plx4	12.3	11,938	3,642	15,579	1,272	16

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
317	Laparoscopic Cholecystectomy		2.7	2,430	939	3,369	1,265	1,311
317		Plx1	2.4	2,289	885	3,175	1,329	1,104
317		Plx2	5.5	3,847	1,423	5,270	956	227
317		Plx3	7.7	5,785	1,973	7,759	1,012	51
317		Plx4	15.7	10,742	3,507	14,249	906	22
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		9.8	9,710	3,175	12,885	1,315	54
320		Plx1	6.1	6,005	2,088	8,093	1,332	26
320		Plx2	12.7	12,850	4,190	17,040	1,345	3
320		Plx3	12.8	11,473	3,847	15,320	1,200	13
320		Plx4	12.9	16,015	4,562	20,578	1,595	10
323	Cirrhosis And Alcoholic Hepatitis		8.6	4,851	1,531	6,382	746	260
323		Plx1	5.0	2,933	874	3,807	759	68
323		Plx2	7.8	3,856	1,228	5,083	655	87
323		Plx3	9.8	4,686	1,575	6,261	637	48
323		Plx4	13.9	9,736	3,000	12,736	919	58
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		10.1	5,161	1,701	6,862	677	350
324		Plx1	9.2	4,442	1,482	5,924	646	173
324		Plx2	9.0	4,691	1,516	6,207	692	80
324		Plx3	11.6	6,296	2,051	8,348	723	47
324		Plx4	13.8	7,471	2,366	9,837	714	49
325	Pancreas Diseases Except Malignancy		5.2	2,468	833	3,301	640	836
325		Plx1	4.7	2,147	732	2,879	617	626
325		Plx2	6.4	3,051	1,037	4,087	635	151
325		Plx3	10.2	5,315	1,918	7,233	711	54
325		Plx4	14.8	13,059	3,795	16,854	1,142	38
326	Liver Diseases Except Cirrhosis Or Cancer		7.4	4,423	1,425	5,848	787	373
326		Plx1	4.8	2,464	815	3,279	687	182
326		Plx2	8.6	4,349	1,413	5,763	673	84
326		Plx3	11.5	6,106	2,070	8,175	714	53
326		Plx4	11.5	10,524	3,067	13,591	1,181	53

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
329	Biliary Tract Diseases		4.1	2,217	743	2,961	723	488
329		Plx1	3.3	1,781	605	2,386	717	342
329		Plx2	7.5	4,085	1,386	5,471	731	60
329		Plx3	5.9	3,125	1,016	4,141	702	80
329		Plx4	15.5	10,893	3,354	14,247	918	31
350	Multiple Or Bilateral Joint Replacement		10.1	12,027	2,969	14,996	1,486	44
350		Plx1	7.1	9,551	2,267	11,818	1,669	25
350		Plx2	10.2	14,593	2,883	17,476	1,713	5
350		Plx3	11.1	13,132	3,373	16,505	1,484	8
350		Plx4	58.0	42,775	11,599	54,374	937	5
351	Joint Replacement For Trauma		11.6	9,285	2,763	12,048	1,038	541
351		Plx1	9.3	7,582	2,262	9,844	1,054	334
351		Plx2	13.9	10,482	3,087	13,568	978	105
351		Plx3	19.3	14,873	4,315	19,189	993	57
351		Plx4	28.9	20,461	6,099	26,560	917	59
352	Hip Replacement		6.5	8,018	1,811	9,829	1,517	1,405
352		Plx1	6.0	7,658	1,724	9,382	1,557	1,052
352		Plx2	7.2	8,853	1,904	10,757	1,485	240
352		Plx3	9.0	9,726	2,432	12,158	1,357	73
352		Plx4	10.2	10,582	2,618	13,199	1,295	36
354	Knee Replacement		5.9	6,691	1,651	8,342	1,411	1,519
354		Plx1	5.7	6,491	1,607	8,099	1,424	1,247
354		Plx2	7.5	7,916	1,871	9,787	1,313	199
354		Plx3	7.8	8,176	2,069	10,244	1,306	77
354		Plx4	11.1	9,794	2,667	12,462	1,128	38
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		9.4	7,566	2,600	10,166	1,083	67
355		Plx1	4.9	3,943	1,362	5,305	1,083	39
355		Plx2	12.3	7,667	2,805	10,473	855	12
355		Plx3	13.4	11,660	3,522	15,181	1,133	5
355		Plx4	25.4	21,103	7,382	28,484	1,123	11

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
356	Repair Hip And Femur Procedures		6.7	6,284	2,023	8,307	1,243	145
356		Plx1	4.7	5,027	1,643	6,670	1,428	116
356		Plx2	12.5	9,650	3,161	12,811	1,028	15
356		Plx3	14.9	11,791	3,712	15,503	1,042	8
356		Plx4	68.2	43,901	14,043	57,944	850	5
358	Lower Extremity Procedures With Infection		7.7	6,045	2,047	8,092	1,047	89
358		Plx1	6.0	4,773	1,650	6,423	1,063	69
358		Plx2	7.6	6,336	2,036	8,372	1,096	11
358		Plx3	29.3	17,017	6,292	23,309	797	4
358		Plx4	26.2	18,630	6,384	25,014	955	5
359	Upper Extremity Procedures With Infection		9.5	6,138	2,275	8,413	887	35
359		Plx1	8.1	5,206	1,919	7,125	879	29
359		Plx2	12.0	9,205	3,456	12,661	1,055	4
359		Plx3	68.5	46,407	16,101	62,508	913	2
359		Plx4	19.0	14,017	4,602	18,619	980	1
360	Upper Extremity Amputations And Revisions		9.2	9,104	3,080	12,184	1,318	53
360		Plx1	6.1	5,831	2,083	7,914	1,289	36
360		Plx2	16.5	8,756	3,332	12,088	733	8
360		Plx3	12.3	13,466	4,797	18,264	1,481	3
360		Plx4	20.3	28,637	8,577	37,214	1,830	6
361	Musculoskeletal Biopsy For Malignancy		9.2	8,166	2,442	10,608	1,159	32
361		Plx1	7.3	6,153	1,777	7,930	1,088	24
361		Plx2	23.4	14,963	4,461	19,424	831	8
361		Plx3	33.0	23,453	8,851	32,304	979	4
361		Plx4						
362	Musculoskeletal Biopsy Without Malignancy		10.9	8,090	2,441	10,531	969	66
362		Plx1	6.8	4,814	1,482	6,296	924	48
362		Plx2	14.2	7,367	2,596	9,963	702	5
362		Plx3	27.0	13,737	4,256	17,993	666	5
362		Plx4	40.2	38,023	11,107	49,130	1,223	11

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
363	Back And Neck Procedures With Fusion		4.9	6,938	1,836	8,774	1,808	949
363		Plx1	4.4	6,461	1,725	8,186	1,854	802
363		Plx2	6.7	9,043	2,274	11,317	1,677	99
363		Plx3	9.5	11,948	3,033	14,981	1,577	44
363		Plx4	20.8	28,776	6,993	35,769	1,720	24
365	Back And Neck Procedures Without Fusion		2.6	3,592	1,107	4,700	1,833	719
365		Plx1	2.5	3,541	1,092	4,633	1,851	686
365		Plx2	5.5	6,779	1,883	8,663	1,579	35
365		Plx3	6.4	5,609	1,685	7,294	1,140	10
365		Plx4	28.0	27,214	8,689	35,903	1,282	8
367	Shoulder Arthroplasty		3.2	5,489	1,474	6,963	2,200	91
367		Plx1	3.0	5,470	1,425	6,895	2,289	82
367		Plx2	4.0	5,654	1,893	7,547	1,887	6
367		Plx3	5.5	4,860	2,109	6,970	1,267	2
367		Plx4	9.0	9,120	2,632	11,751	1,306	2
368	Major Hip And Knee Procedures		4.0	4,108	1,426	5,533	1,383	23
368		Plx1	3.5	3,609	1,186	4,795	1,380	19
368		Plx2	10.0	8,855	2,963	11,818	1,182	2
368		Plx3	9.0	7,067	2,879	9,946	1,105	3
368		Plx4						
369	Major Lower Extremity Procedures		3.3	4,124	1,356	5,480	1,647	309
369		Plx1	3.2	4,010	1,316	5,326	1,661	292
369		Plx2	5.2	6,375	2,022	8,397	1,615	10
369		Plx3	6.1	6,708	2,443	9,152	1,490	7
369		Plx4	26.0	20,042	8,843	28,885	1,111	2
372	Major Upper Extremity Procedures		2.3	3,607	1,092	4,699	2,010	160
372		Plx1	1.9	3,093	957	4,050	2,175	138
372		Plx2	6.8	6,227	1,852	8,079	1,188	5
372		Plx3	2.5	6,314	1,504	7,818	3,127	2
372		Plx4	56.0	30,155	14,613	44,767	799	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
374	Minor Lower Extremity Procedures		1.8	2,329	852	3,181	1,803	665
374		Plx1	1.7	2,318	848	3,166	1,810	658
374		Plx2	4.2	4,106	1,414	5,520	1,307	9
374		Plx3	4.7	5,095	2,099	7,193	1,541	3
374		Plx4	14.0	13,801	4,772	18,573	1,327	1
375	Minor Upper Extremity Procedures		1.0	1,668	671	2,339	2,339	678
375		Plx1	1.0	1,668	671	2,339	2,339	678
375		Plx2	3.9	3,470	1,341	4,811	1,237	9
375		Plx3	5.0	3,622	1,682	5,304	1,061	1
375		Plx4	10.5	9,947	3,465	13,412	1,277	2
376	Miscellaneous Musculoskeletal Procedures		3.3	5,436	1,862	7,298	2,198	169
376		Plx1	3.0	4,944	1,681	6,625	2,176	155
376		Plx2	6.2	10,200	3,835	14,035	2,264	10
376		Plx3	6.8	12,585	3,948	16,532	2,449	4
376		Plx4	27.1	41,158	15,703	56,861	2,095	7
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		6.3	5,604	1,971	7,575	1,205	170
377		Plx1	3.7	3,541	1,250	4,791	1,294	134
377		Plx2	13.3	10,933	4,099	15,033	1,127	15
377		Plx3	12.4	11,959	3,536	15,496	1,252	8
377		Plx4	33.3	41,328	15,618	56,946	1,713	12
378	Soft Tissue Procedures (MNRH)		4.6	4,593	1,528	6,121	1,341	62
378		Plx1	3.8	3,782	1,284	5,067	1,325	51
378		Plx2	6.0	4,833	1,743	6,576	1,096	4
378		Plx3	14.8	10,976	3,465	14,441	976	5
378		Plx4	12.4	12,810	3,754	16,564	1,336	5
379	Other Musculoskeletal Procedures (MNRH)		2.1	2,746	936	3,682	1,760	491
379		Plx1	1.7	2,176	777	2,952	1,758	437
379		Plx2	5.9	7,970	2,588	10,558	1,783	13
379		Plx3	10.6	12,867	3,557	16,425	1,552	12
379		Plx4	18.1	28,410	6,192	34,602	1,909	8

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
380	Other Lower Extremity Procedures (MNRH)		1.0	998	445	1,443	1,443	218
380		Plx1	1.0	996	445	1,441	1,441	217
380		Plx2	2.3	3,829	1,312	5,142	2,204	3
380		Plx3	4.0	5,828	1,933	7,761	1,940	1
380		Plx4						
381	Hand And Wrist Procedures (MNRH)		1.0	1,787	644	2,431	2,431	68
381		Plx1	1.0	1,787	644	2,431	2,431	68
381		Plx2	4.0	3,754	1,228	4,983	1,246	2
381		Plx3	47.0	22,989	7,157	30,146	641	1
381		Plx4						
382	Arthroscopy (MNRH)		1.0	1,291	611	1,902	1,902	5
382		Plx1	1.0	1,291	611	1,902	1,902	5
382		Plx2	11.0	8,657	2,185	10,842	986	1
382		Plx3						
382		Plx4						
383	PWS - Joint Replacement For Malignancy		12.9	10,756	2,996	13,753	1,063	15
383		Plx1	9.0	8,515	2,418	10,933	1,215	8
383		Plx2	7.7	7,772	2,506	10,278	1,341	3
383		Plx3	30.3	20,659	5,144	25,803	851	3
383		Plx4	56.4	58,563	13,371	71,934	1,275	5
384	PWS - Back And Neck Procedures For Malignancy		12.6	17,081	3,936	21,017	1,669	22
384		Plx1	7.7	12,146	2,656	14,802	1,922	10
384		Plx2	8.3	18,280	4,221	22,501	2,700	3
384		Plx3	17.0	17,261	4,326	21,588	1,270	2
384		Plx4	24.0	27,909	6,416	34,325	1,430	7
385	PWS - Major Orthopaedic Oncology Procedures		8.4	12,062	3,606	15,668	1,863	17
385		Plx1	6.7	8,579	2,510	11,089	1,657	13
385		Plx2	9.0	7,121	2,620	9,741	1,082	2
385		Plx3	13.0	11,845	2,851	14,695	1,130	1
385		Plx4	39.0	53,442	16,478	69,920	1,793	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
386	Other Orthopaedic Oncology Procedures		5.1	5,699	1,854	7,552	1,471	52
386		Plx1	4.5	4,572	1,540	6,112	1,351	44
386		Plx2	6.6	9,690	2,980	12,670	1,920	5
386		Plx3	15.0	23,300	5,145	28,445	1,896	2
386		Plx4	25.0	30,458	6,585	37,042	1,482	2
391	Secondary Neoplasms And Pathological Fractures		14.1	6,974	2,204	9,178	650	307
391		Plx1	11.7	5,369	1,726	7,095	608	183
391		Plx2	16.4	8,052	2,653	10,704	653	76
391		Plx3	17.9	10,016	3,135	13,151	735	19
391		Plx4	28.3	15,023	5,022	20,045	710	28
392	Osteomyelitis		10.6	6,079	2,061	8,139	770	60
392		Plx1	8.2	4,353	1,506	5,859	713	37
392		Plx2	11.9	7,004	2,202	9,206	774	10
392		Plx3	9.8	5,624	2,009	7,633	781	9
392		Plx4	45.8	25,540	9,656	35,196	768	6
393	Rheumatoid Arthritis		10.3	6,174	2,037	8,211	795	48
393		Plx1	6.1	3,464	1,058	4,521	743	24
393		Plx2	13.9	7,475	2,393	9,867	710	10
393		Plx3	11.4	7,392	2,352	9,744	855	5
393		Plx4	21.7	14,086	4,604	18,691	863	9
394	Septic Arthritis		6.1	3,154	1,104	4,258	694	30
394		Plx1	4.9	2,507	868	3,376	692	25
394		Plx2	21.5	11,007	3,776	14,783	688	4
394		Plx3	4.0	1,560	660	2,220	555	2
394		Plx4	47.0	18,580	8,056	26,636	567	1
397	Non-Inflammatory Arthritis		7.9	4,076	1,287	5,363	676	61
397		Plx1	5.9	2,739	904	3,643	616	45
397		Plx2	8.4	6,295	1,643	7,938	948	8
397		Plx3	17.7	9,806	3,061	12,867	728	6
397		Plx4	43.0	16,204	5,542	21,745	506	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
398	Other Inflammatory Arthritis		5.8	2,998	981	3,979	691	259
398		Plx1	4.8	2,456	797	3,253	684	182
398		Plx2	8.5	4,486	1,529	6,014	707	43
398		Plx3	10.2	5,083	1,645	6,728	662	25
398		Plx4	19.4	17,227	4,951	22,179	1,143	20
399	Orthopaedic Aftercare		6.4	3,136	1,109	4,245	660	205
399		Plx1	4.9	2,531	844	3,375	684	166
399		Plx2	14.6	6,091	2,362	8,453	577	17
399		Plx3	19.2	7,408	2,812	10,220	533	17
399		Plx4	18.5	9,929	3,568	13,496	731	11
401	Other Musculoskeletal Malignancies		6.6	4,894	1,437	6,331	966	27
401		Plx1	3.9	2,622	779	3,401	879	15
401		Plx2	12.5	6,434	1,961	8,395	672	4
401		Plx3	7.5	7,499	2,582	10,081	1,344	4
401		Plx4	9.8	9,270	2,234	11,503	1,180	4
402	Disc Disease		7.9	3,600	1,140	4,740	599	247
402		Plx1	6.8	3,019	954	3,973	583	208
402		Plx2	18.6	8,422	2,666	11,088	597	28
402		Plx3	20.3	10,840	3,334	14,174	700	12
402		Plx4	19.5	11,365	3,595	14,960	767	8
404	Other Musculoskeletal Infections		13.7	6,233	1,931	8,165	597	3
404		Plx1	15.0	7,002	2,213	9,214	614	2
404		Plx2						
404		Plx3	11.0	4,697	1,369	6,066	551	1
404		Plx4						
407	Other Musculoskeletal Disorders		5.3	3,001	978	3,980	757	55
407		Plx1	3.9	2,268	729	2,997	773	41
407		Plx2	6.8	4,575	1,395	5,970	878	5
407		Plx3	8.6	5,804	1,904	7,708	896	5
407		Plx4	39.0	21,565	6,937	28,502	731	2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
409	Back Pain (MNRH)		5.2	2,460	792	3,253	624	213
409		Plx1	4.5	2,082	664	2,746	613	178
409		Plx2	10.6	5,098	1,684	6,782	641	29
409		Plx3	12.7	7,367	2,595	9,962	784	7
409		Plx4	29.6	17,517	5,430	22,947	775	5
411	Signs, Symptoms And Deformities (MNRH)		4.2	2,225	706	2,931	698	132
411		Plx1	4.3	2,264	716	2,981	694	121
411		Plx2	14.5	6,528	2,049	8,577	592	12
411		Plx3	9.7	4,379	1,276	5,655	581	11
411		Plx4	11.0	5,828	2,885	8,713	792	1
413	Joint Derangements (MNRH)		4.2	2,577	827	3,405	817	59
413		Plx1	3.5	2,134	686	2,820	806	52
413		Plx2	10.8	5,784	1,918	7,702	716	4
413		Plx3	11.5	6,134	1,787	7,922	689	2
413		Plx4	15.5	7,572	2,060	9,632	621	2
414	Sprains Strains And Minor Injuries (MNRH)		3.8	1,892	594	2,486	647	45
414		Plx1	3.7	1,783	559	2,342	633	43
414		Plx2	10.0	5,454	1,640	7,094	709	1
414		Plx3	4.0	3,018	1,057	4,075	1,019	1
414		Plx4						
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		1.4	2,547	977	3,524	2,443	493
425		Plx1	1.4	2,509	962	3,471	2,442	482
425		Plx2	7.3	10,782	3,440	14,222	1,946	26
425		Plx3	6.8	9,534	3,713	13,247	1,945	16
425		Plx4	10.9	12,155	3,415	15,571	1,428	10
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		29.1	17,991	6,370	24,361	837	62
427		Plx1	17.4	9,934	3,676	13,610	784	36
427		Plx2	36.0	21,408	8,591	29,999	833	6
427		Plx3	36.2	20,809	7,965	28,774	794	9
427		Plx4	54.6	41,105	12,585	53,690	984	9

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		1.3	2,791	882	3,672	2,799	202
428		Plx1	1.3	2,788	879	3,667	2,814	198
428		Plx2	2.8	5,168	1,503	6,671	2,426	4
428		Plx3	2.0	2,696	952	3,648	1,824	1
428		Plx4						
429	Total Mastectomy For Breast Malignancy		1.6	2,322	832	3,155	1,979	598
429		Plx1	1.6	2,316	826	3,141	1,977	591
429		Plx2	7.1	5,784	2,254	8,038	1,132	10
429		Plx3	2.8	3,451	1,467	4,918	1,788	4
429		Plx4						
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		1.4	2,240	732	2,972	2,154	611
432		Plx1	1.4	2,229	728	2,958	2,170	601
432		Plx2	2.2	2,588	908	3,496	1,573	9
432		Plx3	23.0	15,222	3,858	19,080	830	1
432		Plx4	5.0	5,221	1,431	6,652	1,330	2
434	Breast Biopsy And Local Excision Without Malignancy		1.0	1,655	602	2,257	2,257	44
434		Plx1	1.0	1,655	602	2,257	2,257	44
434		Plx2	3.0	4,523	1,211	5,734	1,911	1
434		Plx3						
434		Plx4						
435	Perianal And Pilonidal Cyst Procedures		1.8	1,587	585	2,172	1,179	38
435		Plx1	1.8	1,587	585	2,172	1,179	38
435		Plx2	8.0	9,065	3,825	12,891	1,611	1
435		Plx3	14.0	7,747	2,838	10,585	756	2
435		Plx4	29.0	13,926	6,107	20,033	691	1
436	Plastic Surgery		1.7	2,434	937	3,371	2,039	26
436		Plx1	1.7	2,434	937	3,371	2,039	26
436		Plx2						
436		Plx3	16.0	10,330	3,382	13,712	857	1
436		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		2.9	2,354	878	3,233	1,104	155
437		Plx1	2.9	2,328	863	3,192	1,108	151
437		Plx2	13.3	6,049	2,140	8,189	614	3
437		Plx3	12.0	7,186	2,883	10,069	839	4
437		Plx4	32.3	14,519	5,004	19,524	604	3
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		8.0	5,845	2,045	7,890	986	104
438		Plx1	4.7	4,088	1,362	5,450	1,168	75
438		Plx2	8.1	4,371	1,512	5,884	725	9
438		Plx3	17.1	9,645	3,698	13,344	781	11
438		Plx4	54.6	34,370	12,864	47,233	865	10
439	Skin Ulcer		15.8	7,887	2,847	10,734	679	60
439		Plx1	13.3	6,579	2,386	8,965	672	30
439		Plx2	24.4	12,032	4,570	16,602	681	8
439		Plx3	12.3	6,135	2,209	8,344	677	15
439		Plx4	34.8	16,178	5,623	21,801	627	9
440	Major Skin Disorders		6.8	4,245	1,315	5,560	818	64
440		Plx1	5.3	3,265	1,063	4,328	812	42
440		Plx2	12.1	5,480	2,092	7,572	627	13
440		Plx3	5.2	3,242	929	4,172	802	5
440		Plx4	8.8	11,391	2,303	13,694	1,565	4
443	Malignant Breast Disorders		7.7	4,478	1,421	5,899	768	54
443		Plx1	4.5	2,520	821	3,340	742	28
443		Plx2	9.8	4,944	1,867	6,811	699	12
443		Plx3	15.0	9,380	2,839	12,219	815	9
443		Plx4	13.0	8,547	2,363	10,910	839	6
446	Non-Malignant Breast Disorders		2.5	1,811	577	2,388	973	11
446		Plx1	2.5	1,811	577	2,388	973	11
446		Plx2						
446		Plx3						
446		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
447	**Cellulitis**		**5.9**	**2,777**	**966**	**3,743**	**634**	**592**
447		Plx1	5.1	2,328	817	3,144	619	451
447		Plx2	8.8	3,775	1,371	5,147	587	78
447		Plx3	8.7	4,002	1,402	5,404	621	44
447		Plx4	21.9	11,073	3,905	14,978	685	35
452	**Trauma Of Skin, Subcutaneous Tissue And Breast**		**2.8**	**1,895**	**546**	**2,442**	**867**	**87**
452		Plx1	2.7	1,879	535	2,414	901	84
452		Plx2	18.3	6,416	2,279	8,695	476	4
452		Plx3	18.4	8,238	2,484	10,723	583	5
452		Plx4	37.5	27,402	6,632	34,034	908	2
454	**Minor Skin Disorders**		**3.5**	**1,696**	**608**	**2,304**	**658**	**134**
454		Plx1	3.0	1,518	550	2,067	679	110
454		Plx2	7.3	3,158	1,053	4,210	579	11
454		Plx3	6.4	3,082	1,190	4,272	668	10
454		Plx4	10.8	4,390	1,623	6,013	557	5
476	**PWS - Adrenal And Pituitary Procedures**		**4.3**	**7,089**	**2,001**	**9,089**	**2,123**	**96**
476		Plx1	3.9	6,508	1,893	8,401	2,155	88
476		Plx2	9.5	14,824	4,285	19,109	2,011	4
476		Plx3	14.1	19,546	4,684	24,230	1,713	7
476		Plx4	14.7	27,071	5,819	32,890	2,242	3
477	**Parathyroid Procedures**		**2.0**	**2,919**	**1,074**	**3,993**	**1,966**	**130**
477		Plx1	1.6	2,581	971	3,552	2,281	113
477		Plx2	5.5	6,725	1,851	8,576	1,559	4
477		Plx3	2.3	3,086	908	3,995	1,712	3
477		Plx4	12.3	14,093	4,684	18,777	1,533	4
478	**Obesity Procedures**		**3.2**	**3,098**	**1,218**	**4,316**	**1,358**	**56**
478		Plx1	3.2	3,089	1,222	4,311	1,368	53
478		Plx2	4.3	3,228	1,145	4,373	1,029	4
478		Plx3	8.0	10,320	3,028	13,348	1,669	2
478		Plx4	19.0	16,766	6,273	23,039	1,213	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
479	Thyroid Procedures		1.5	2,537	1,008	3,545	2,369	636
479		Plx1	1.5	2,472	986	3,459	2,379	608
479		Plx2	3.2	4,680	1,725	6,405	1,995	19
479		Plx3	3.7	4,493	1,721	6,214	1,664	15
479		Plx4	6.3	7,569	2,363	9,932	1,589	4
480	Thyroglossal Procedures		1.5	2,305	940	3,245	2,163	6
480		Plx1	1.5	2,305	940	3,245	2,163	6
480		Plx2						
480		Plx3						
480		Plx4						
482	Other Endocrine, Nutrition And Metabolic Procedures		9.5	23,345	4,831	28,175	2,954	128
482		Plx1	7.3	22,875	4,526	27,400	3,741	68
482		Plx2	7.5	21,027	4,341	25,368	3,371	19
482		Plx3	13.7	30,216	5,554	35,770	2,606	22
482		Plx4	26.8	26,022	7,886	33,908	1,266	27
483	Diabetes		4.5	2,328	800	3,128	701	862
483		Plx1	3.7	1,852	649	2,502	679	636
483		Plx2	7.1	3,225	1,134	4,359	612	114
483		Plx3	6.9	3,871	1,301	5,173	750	86
483		Plx4	17.2	9,374	3,170	12,545	728	61
485	Nutritional And Miscellaneous Metabolic Disorders		5.6	3,004	1,004	4,009	714	956
485		Plx1	4.4	2,282	768	3,051	688	564
485		Plx2	6.6	3,568	1,178	4,746	714	227
485		Plx3	9.3	5,334	1,772	7,106	763	118
485		Plx4	16.4	9,742	3,125	12,867	783	64
487	Cystic Fibrosis		11.3	8,684	2,690	11,374	1,003	91
487		Plx1	10.6	7,525	2,366	9,890	932	47
487		Plx2	10.5	7,859	2,560	10,418	992	24
487		Plx3	12.8	8,792	2,529	11,320	887	13
487		Plx4	18.8	19,515	5,456	24,971	1,332	8

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
488	Inborn Errors Of Metabolism		4.7	5,286	1,288	6,574	1,393	32
488		Plx1	3.0	3,297	710	4,006	1,316	22
488		Plx2	9.3	9,585	2,965	12,551	1,345	3
488		Plx3	8.7	4,158	1,536	5,694	657	3
488		Plx4	5.3	16,693	3,508	20,200	3,788	3
489	Endocrine Disorders		4.8	2,966	898	3,864	813	172
489		Plx1	4.2	2,677	808	3,485	829	138
489		Plx2	12.7	6,176	1,990	8,166	644	29
489		Plx3	11.2	6,209	2,099	8,308	740	9
489		Plx4	30.7	15,441	4,788	20,228	658	11
500	PWS - Kidney Transplant		9.2	13,731	4,275	18,006	1,965	117
500		Plx1	7.5	10,530	3,470	14,000	1,872	48
500		Plx2	8.4	11,270	3,580	14,851	1,776	11
500		Plx3	10.3	17,117	4,878	21,995	2,137	34
500		Plx4	14.0	18,934	5,756	24,690	1,769	23
501	Urinary Diversion And Augmentation		10.5	8,818	3,531	12,349	1,171	110
501		Plx1	9.6	7,940	3,120	11,061	1,148	69
501		Plx2	11.1	8,778	3,709	12,487	1,121	14
501		Plx3	12.1	9,712	3,978	13,690	1,127	14
501		Plx4	24.4	19,045	7,327	26,372	1,080	17
502	Radical Prostatectomy		4.2	4,203	1,775	5,978	1,419	588
502		Plx1	4.1	4,131	1,731	5,861	1,416	528
502		Plx2	4.8	4,714	2,120	6,834	1,435	42
502		Plx3	5.8	5,330	2,367	7,697	1,339	20
502		Plx4	13.7	11,689	3,869	15,558	1,138	6
503	Dialysis Procedures		4.9	4,372	1,623	5,996	1,228	190
503		Plx1	1.0	1,326	689	2,015	2,015	113
503		Plx2	7.9	6,101	2,078	8,179	1,030	32
503		Plx3	10.6	9,265	3,141	12,406	1,166	11
503		Plx4	57.7	51,573	15,861	67,434	1,168	23

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Contact Cases
504	Major Urinary Tract Procedures		5.3	5,349	2,038	7,387	1,403	559
504		Plx1	4.8	4,969	1,896	6,865	1,426	476
504		Plx2	6.6	6,552	2,611	9,163	1,387	43
504		Plx3	9.5	8,636	3,125	11,762	1,238	26
504		Plx4	18.3	17,255	6,004	23,259	1,268	26
505	Reconstructive Urological Procedures		3.5	2,939	1,269	4,208	1,195	46
505		Plx1	3.6	3,007	1,288	4,295	1,206	41
505		Plx2	3.0	2,316	1,165	3,481	1,160	3
505		Plx3	3.5	2,479	1,030	3,509	1,003	2
505		Plx4						
506	Open Prostatectomy		4.1	3,528	1,592	5,120	1,259	15
506		Plx1	3.6	3,115	1,385	4,500	1,256	12
506		Plx2	5.0	3,432	1,691	5,124	1,025	2
506		Plx3						
506		Plx4	8.0	8,672	3,878	12,550	1,569	1
507	Vascular And Other Urinary Procedures		7.4	7,299	2,473	9,772	1,314	23
507		Plx1	3.8	3,492	1,185	4,677	1,241	13
507		Plx2	8.7	10,876	3,707	14,583	1,683	3
507		Plx3	11.0	7,728	2,187	9,915	901	3
507		Plx4	46.0	37,328	12,168	49,496	1,076	6
508	Minor Upper Urinary Tract Procedures		4.7	4,738	1,563	6,301	1,345	297
508		Plx1	3.5	3,861	1,323	5,184	1,479	239
508		Plx2	8.7	7,108	2,302	9,410	1,078	26
508		Plx3	10.5	8,104	2,519	10,623	1,016	22
508		Plx4	19.9	17,638	4,767	22,405	1,125	11
509	Minor Lower Urinary Tract Procedures		2.6	3,136	1,020	4,156	1,610	67
509		Plx1	2.4	2,872	965	3,837	1,625	61
509		Plx2	6.0	5,880	1,878	7,759	1,293	4
509		Plx3	3.0	5,407	1,020	6,427	2,142	1
509		Plx4	2.0	6,013	922	6,936	3,468	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
510	Transurethral Prostatectomy		2.3	2,033	760	2,793	1,227	646
510		Plx1	2.2	1,970	737	2,706	1,236	613
510		Plx2	4.4	3,514	1,316	4,830	1,088	25
510		Plx3	5.9	3,609	1,333	4,942	839	9
510		Plx4	8.9	5,466	1,887	7,353	827	9
512	Other Transurethral Or Biopsy Procedures (MNRH)		1.6	1,480	504	1,985	1,220	978
512		Plx1	1.6	1,466	500	1,966	1,217	953
512		Plx2	4.4	3,213	1,160	4,373	983	29
512		Plx3	5.3	3,251	1,084	4,334	813	9
512		Plx4	23.7	16,021	5,300	21,321	901	6
514	Miscellaneous Urinary Tract Procedures (MNRH)		1.7	1,743	645	2,388	1,400	17
514		Plx1	1.8	1,780	651	2,430	1,389	16
514		Plx2	1.0	1,157	551	1,707	1,707	1
514		Plx3						
514		Plx4						
520	Renal Failure With Dialysis		14.8	12,015	3,640	15,655	1,058	127
520		Plx1	9.2	7,091	2,123	9,214	1,002	25
520		Plx2	9.7	6,830	2,046	8,876	913	29
520		Plx3	17.1	13,276	3,960	17,236	1,009	35
520		Plx4	21.1	19,881	6,250	26,130	1,240	37
521	Renal Failure Without Dialysis		8.0	4,248	1,399	5,647	708	523
521		Plx1	5.8	2,846	953	3,799	655	199
521		Plx2	7.6	3,839	1,273	5,111	670	150
521		Plx3	10.7	5,932	1,925	7,856	737	117
521		Plx4	14.1	8,601	2,765	11,367	807	65
522	Urinary Neoplasm		9.7	5,046	1,717	6,762	694	161
522		Plx1	6.2	3,056	1,110	4,166	673	68
522		Plx2	10.9	5,130	1,789	6,919	633	45
522		Plx3	11.7	6,151	2,076	8,227	704	29
522		Plx4	22.7	12,919	4,252	17,172	757	22

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
524	Nephrotic Syndrome		4.7	3,828	1,079	4,907	1,040	53
524		Plx1	3.8	3,145	931	4,076	1,081	35
524		Plx2	7.5	4,651	1,379	6,030	804	8
524		Plx3	4.4	2,794	793	3,587	810	7
524		Plx4	9.0	12,006	2,674	14,680	1,631	3
525	Nephropathy Without Nephrotic Syndrome		7.6	5,380	1,497	6,877	908	35
525		Plx1	4.4	3,468	1,047	4,515	1,036	14
525		Plx2	10.6	7,767	2,009	9,777	922	5
525		Plx3	7.4	4,149	1,264	5,413	735	11
525		Plx4	27.0	22,821	6,810	29,631	1,097	5
526	Miscellaneous Nephrological Diagnosis		4.4	3,620	1,046	4,666	1,066	16
526		Plx1	2.4	2,706	688	3,393	1,404	12
526		Plx2	31.8	19,646	6,567	26,213	823	6
526		Plx3	7.0	4,605	1,694	6,299	900	1
526		Plx4						
527	Upper Urinary Tract Infection		4.0	2,237	727	2,964	737	433
527		Plx1	3.6	1,988	654	2,641	744	350
527		Plx2	6.2	3,071	1,064	4,135	664	40
527		Plx3	6.2	3,272	1,030	4,303	696	33
527		Plx4	7.5	7,904	2,186	10,090	1,345	6
529	Lower Urinary Tract Infection		5.4	2,864	981	3,845	718	745
529		Plx1	4.5	2,272	801	3,073	681	496
529		Plx2	6.9	3,441	1,189	4,630	669	126
529		Plx3	8.9	4,644	1,603	6,247	704	89
529		Plx4	12.2	7,865	2,487	10,352	847	59
532	Urinary Retention And Other Functional Disorders Of Bladder		3.5	1,635	608	2,242	649	66
532		Plx1	2.8	1,251	492	1,742	620	48
532		Plx2	5.4	2,899	943	3,843	716	11
532		Plx3	3.8	2,043	701	2,744	722	5
532		Plx4	7.5	2,870	1,312	4,182	558	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
534	Miscellaneous Urological Diagnoses (MNRH)		3.9	2,261	737	2,998	762	123
534		Plx1	3.1	1,771	574	2,345	755	94
534		Plx2	7.3	4,273	1,411	5,684	783	19
534		Plx3	8.7	5,298	1,770	7,068	811	7
534		Plx4	10.0	5,618	1,572	7,190	719	5
535	Hematuria (MNRH)		3.8	1,928	692	2,620	683	135
535		Plx1	3.6	1,746	632	2,378	670	98
535		Plx2	2.8	1,474	518	1,992	701	25
535		Plx3	7.9	4,175	1,326	5,501	700	7
535		Plx4	11.3	6,675	2,019	8,694	773	4
536	Urinary Obstruction (MNRH)		2.1	1,331	459	1,790	865	739
536		Plx1	2.0	1,281	444	1,725	861	674
536		Plx2	3.8	2,123	749	2,872	761	44
536		Plx3	4.4	2,754	922	3,677	837	28
536		Plx4	17.2	8,239	2,974	11,213	653	11
538	Admission For Dialysis (MNRH)		1.0	1,216	594	1,810	1,810	1
538		Plx1	1.0	1,216	594	1,810	1,810	1
538		Plx2						
538		Plx3						
538		Plx4						
550	Major Pelvic And Retroperitoneum Procedures							
550		Plx1						
550		Plx2						
550		Plx3						
550		Plx4						
551	Penis Procedures		1.7	2,542	912	3,455	2,012	60
551		Plx1	1.7	2,419	862	3,281	1,928	57
551		Plx2	6.0	9,607	2,763	12,370	2,062	2
551		Plx3						
551		Plx4	41.8	44,097	14,284	58,381	1,398	4

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
552	Testes Procedures		1.4	1,716	561	2,277	1,626	75
552		Plx1	1.4	1,703	553	2,255	1,614	73
552		Plx2	16.8	9,030	2,849	11,879	706	6
552		Plx3	16.0	14,496	5,171	19,666	1,229	2
552		Plx4						
554	Miscellaneous Male Reproductive System Procedures (MNRH)		1.0	1,281	504	1,784	1,784	63
554		Plx1	1.0	1,281	504	1,784	1,784	63
554		Plx2						
554		Plx3						
554		Plx4						
555	Circumcision (MNRH)		1.0	1,110	384	1,494	1,494	4
555		Plx1	1.0	1,110	384	1,494	1,494	4
555		Plx2						
555		Plx3						
555		Plx4						
560	Malignancy Of Male Reproductive Organ		7.7	7,299	1,425	8,724	1,138	3
560		Plx1	4.0	9,684	931	10,615	2,654	1
560		Plx2	6.0	6,228	1,506	7,733	1,289	1
560		Plx3	13.0	5,987	1,838	7,824	602	1
560		Plx4						
561	Male Reproductive System Inflammation		3.6	1,779	612	2,390	658	41
561		Plx1	3.5	1,653	589	2,241	640	38
561		Plx2	6.0	3,450	845	4,295	716	1
561		Plx3	3.0	1,601	551	2,151	717	1
561		Plx4	7.0	5,083	1,307	6,390	913	1
562	Other Male Reproductive System Diagnoses		3.0	1,800	612	2,412	804	16
562		Plx1	2.7	1,180	428	1,607	592	14
562		Plx2	3.0	1,284	410	1,694	565	1
562		Plx3						
562		Plx4	7.0	11,010	3,392	14,402	2,057	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		1.0	385	133	518	518	4
563		Plx1	1.0	385	133	518	518	4
563		Plx2						
563		Plx3	69.0	31,467	11,419	42,885	622	1
563		Plx4						
575	PWS - Pelvic Exenteration		10.0	12,182	5,515	17,697	1,770	1
575		Plx1						
575		Plx2						
575		Plx3	10.0	12,182	5,515	17,697	1,770	1
575		Plx4						
576	PWS - Radical Hysterectomy And Vulvectomy		5.3	4,790	1,877	6,666	1,261	108
576		Plx1	4.7	4,321	1,778	6,099	1,290	81
576		Plx2	6.8	5,846	2,207	8,052	1,178	18
576		Plx3	6.6	6,566	2,081	8,647	1,316	7
576		Plx4	27.7	17,229	5,069	22,298	806	3
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		5.9	5,301	1,812	7,113	1,197	161
577		Plx1	5.3	4,709	1,653	6,362	1,208	113
577		Plx2	6.5	6,182	1,915	8,098	1,242	23
577		Plx3	9.8	7,723	2,579	10,302	1,055	17
577		Plx4	13.4	11,269	3,673	14,942	1,119	14
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		4.4	3,826	1,425	5,251	1,195	310
578		Plx1	4.1	3,500	1,335	4,835	1,186	260
578		Plx2	4.8	4,841	1,673	6,514	1,346	25
578		Plx3	7.3	6,022	2,159	8,181	1,121	20
578		Plx4	19.0	17,357	5,587	22,944	1,208	14
579	Major Uterine And Adnexal Procedures Without Malignancy		3.2	2,601	1,065	3,667	1,162	4,287
579		Plx1	3.0	2,493	1,027	3,519	1,157	3,941
579		Plx2	4.1	3,545	1,396	4,941	1,195	217
579		Plx3	5.3	4,505	1,770	6,275	1,179	118
579		Plx4	6.6	5,990	2,010	8,000	1,207	27

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
581	**Reconstructive Gynecological Procedures**		**3.2**	**2,912**	**1,054**	**3,966**	**1,257**	**768**
581		Plx1	3.0	2,752	992	3,744	1,261	683
581		Plx2	4.6	4,114	1,462	5,576	1,201	70
581		Plx3	6.3	5,420	1,997	7,417	1,174	19
581		Plx4	7.3	6,095	2,330	8,425	1,162	4
582	**Other Gynecological Procedures**		**4.0**	**3,043**	**1,167**	**4,210**	**1,055**	**92**
582		Plx1	3.5	2,738	1,069	3,807	1,086	79
582		Plx2	5.2	4,057	1,507	5,565	1,070	5
582		Plx3	7.3	6,852	2,153	9,005	1,228	6
582		Plx4	37.0	21,026	9,193	30,219	817	1
583	**Radio-Implant For Malignancy**		**2.1**	**2,924**	**748**	**3,672**	**1,758**	**34**
583		Plx1	2.0	2,861	730	3,590	1,768	33
583		Plx2	4.0	4,995	1,371	6,366	1,592	1
583		Plx3						
583		Plx4						
584	**Vagina, Cervix And Vulva Procedures**		**1.7**	**1,733**	**565**	**2,298**	**1,369**	**84**
584		Plx1	1.7	1,716	559	2,275	1,358	83
584		Plx2	6.0	4,423	2,014	6,437	1,073	1
584		Plx3	8.0	4,670	1,940	6,610	826	2
584		Plx4						
585	**Gynecological Laparoscopy (MNRH)**		**1.9**	**1,601**	**538**	**2,139**	**1,144**	**23**
585		Plx1	1.9	1,601	538	2,139	1,144	23
585		Plx2						
585		Plx3						
585		Plx4						
586	**Tubal Interruption (MNRH)**		**2.2**	**1,547**	**775**	**2,322**	**1,056**	**5**
586		Plx1	2.2	1,547	775	2,322	1,056	5
586		Plx2						
586		Plx3						
586		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
587	Miscellaneous Gynecological Procedures (MNRH)		1.3	1,035	355	1,390	1,056	234
587		Plx1	1.3	1,024	350	1,374	1,058	231
587		Plx2	3.8	3,110	980	4,090	1,091	4
587		Plx3	32.3	15,296	4,493	19,789	612	3
587		Plx4						
592	Malignancy Of Female Reproductive Organ		9.7	4,991	1,700	6,690	689	68
592		Plx1	7.5	3,622	1,235	4,857	648	34
592		Plx2	7.4	4,019	1,417	5,436	731	16
592		Plx3	14.8	7,635	2,735	10,370	700	11
592		Plx4	19.3	12,300	3,856	16,156	838	7
594	Female Reproductive System Infection		3.1	1,580	547	2,128	678	79
594		Plx1	3.1	1,532	541	2,073	670	75
594		Plx2	4.7	2,811	779	3,590	769	3
594		Plx3	2.0	1,485	333	1,818	909	1
594		Plx4						
595	Other Female Reproductive System Diagnoses And Injuries		2.6	1,418	473	1,891	740	18
595		Plx1	2.6	1,396	456	1,852	723	16
595		Plx2	2.5	1,594	614	2,208	883	2
595		Plx3						
595		Plx4						
596	Miscellaneous Gynecological Diagnoses (MNRH)		1.9	1,226	409	1,635	846	262
596		Plx1	1.6	1,093	364	1,457	904	234
596		Plx2	2.6	1,588	494	2,082	810	7
596		Plx3	8.8	2,647	1,029	3,676	420	4
596		Plx4	37.0	15,688	6,474	22,162	599	3
599	Premature Labour		3.3	1,799	582	2,380	730	393
599		Plx9	3.3	1,799	582	2,380	730	393
600	Major Procedures In Pregnancy Or Childbirth		4.7	4,279	1,435	5,715	1,229	126
600		Plx9	4.7	4,279	1,435	5,715	1,229	126
601	Repeat Caesarean Delivery With Complicating Diagnosis		3.2	2,391	810	3,200	995	514

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
601		Plx9	3.2	2,391	810	3,200	995	514
602	Caesarean Delivery With Complicating Diagnosis		3.8	3,072	998	4,070	1,078	2,189
602		Plx9	3.8	3,072	998	4,070	1,078	2,189
603	Repeat Caesarean Delivery		2.8	1,946	694	2,640	954	1,290
603		Plx9	2.8	1,946	694	2,640	954	1,290
604	Caesarean Delivery		3.2	2,596	883	3,479	1,074	2,040
604		Plx9	3.2	2,596	883	3,479	1,074	2,040
605	Fetal Surgery		21.0	14,991	3,311	18,301	871	1
605		Plx9	21.0	14,991	3,311	18,301	871	1
606	Vaginal Delivery With Sterilization Procedures		2.0	1,999	747	2,746	1,345	24
606		Plx9	2.0	1,999	747	2,746	1,345	24
607	Vaginal Delivery With Minor Procedures		2.1	1,967	639	2,606	1,256	133
607		Plx9	2.1	1,967	639	2,606	1,256	133
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		1.8	1,773	543	2,316	1,316	346
608		Plx9	1.8	1,773	543	2,316	1,316	346
609	Vaginal Delivery With Complicating Diagnosis		2.0	1,810	566	2,376	1,198	7,764
609		Plx9	2.0	1,810	566	2,376	1,198	7,764
610	Vaginal Delivery After Caesarean Delivery (VBAC)		1.5	1,507	475	1,982	1,325	448
610		Plx9	1.5	1,507	475	1,982	1,325	448
611	Vaginal Delivery		1.5	1,371	445	1,816	1,219	9,847
611		Plx9	1.5	1,371	445	1,816	1,219	9,847
612	Ectopic Pregnancy With Major Procedures		3.0	2,443	981	3,424	1,160	84
612		Plx9	3.0	2,443	981	3,424	1,160	84
613	Ectopic Pregnancy With Minor Procedures		1.5	1,713	590	2,303	1,502	257
613		Plx9	1.5	1,713	590	2,303	1,502	257
614	Ectopic Pregnancy		1.0	493	163	657	657	53
614		Plx9	1.0	493	163	657	657	53
615	Threatened Abortion		1.4	753	250	1,003	703	82
615		Plx9	1.4	753	250	1,003	703	82

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
616	Abortive Outcome With Injection		1.5	1,083	379	1,462	962	25
616		Plx9	1.5	1,083	379	1,462	962	25
617	Abortive Outcome With D And C		1.0	675	217	891	891	822
617		Plx9	1.0	675	217	891	891	822
618	Abortive Outcome		1.0	886	286	1,172	1,172	195
618		Plx9	1.0	886	286	1,172	1,172	195
619	False Labour LOS < 3 Days (MNRH)		1.0	671	200	871	871	449
619		Plx9	1.0	671	200	871	871	449
620	Post-Partum Diagnosis With Procedures Other Than D And C		4.4	2,682	954	3,636	835	14
620		Plx9	4.4	2,682	954	3,636	835	14
621	Post-Partum Diagnosis With D And C		1.4	1,091	363	1,453	1,036	144
621		Plx9	1.4	1,091	363	1,453	1,036	144
622	Post-Partum Diagnosis		2.4	1,297	452	1,749	726	436
622		Plx9	2.4	1,297	452	1,749	726	436
623	Antepartum Diagnosis With Complicating Diagnosis		2.8	1,362	474	1,836	659	653
623		Plx9	2.8	1,362	474	1,836	659	653
624	Antepartum Diagnosis		1.7	1,020	333	1,353	801	998
624		Plx9	1.7	1,020	333	1,353	801	998
625	PWS - Neonates Weight < 750 Grams		3.9	9,636	1,801	11,438	2,919	61
625		Plx9	3.9	9,636	1,801	11,438	2,919	61
626	PWS - Neonates Weight 750-999 Grams		38.9	62,697	13,079	75,776	1,948	117
626		Plx9	38.9	62,697	13,079	75,776	1,948	117
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		32.8	44,127	9,754	53,882	1,645	8
627		Plx9	32.8	44,127	9,754	53,882	1,645	8
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		25.1	28,669	6,240	34,909	1,391	343
628		Plx9	25.1	28,669	6,240	34,909	1,391	343
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		12.2	14,093	3,119	17,213	1,411	5
630		Plx9	12.2	14,093	3,119	17,213	1,411	5
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		16.2	17,584	3,775	21,359	1,322	186

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
631		Plx9	16.2	17,584	3,775	21,359	1,322	186
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		13.5	10,272	2,604	12,876	955	482
632		Plx9	13.5	10,272	2,604	12,876	955	482
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		8.9	15,750	3,333	19,083	2,155	7
636		Plx9	8.9	15,750	3,333	19,083	2,155	7
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		11.0	14,327	3,189	17,516	1,590	199
637		Plx9	11.0	14,327	3,189	17,516	1,590	199
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		9.2	8,588	2,071	10,659	1,164	253
638		Plx9	9.2	8,588	2,071	10,659	1,164	253
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		5.3	3,442	963	4,405	829	875
639		Plx9	5.3	3,442	963	4,405	829	875
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		1.8	722	330	1,052	583	216
640		Plx9	1.8	722	330	1,052	583	216
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		8.7	20,343	4,535	24,878	2,860	43
643		Plx9	8.7	20,343	4,535	24,878	2,860	43
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		5.3	7,779	1,806	9,585	1,807	662
644		Plx9	5.3	7,779	1,806	9,585	1,807	662
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		3.4	2,824	776	3,600	1,070	1,340
645		Plx9	3.4	2,824	776	3,600	1,070	1,340
646	Neonates Weight > 2500 gm With Caesarian Delivery		2.7	927	427	1,354	505	4,368
646		Plx9	2.7	927	427	1,354	505	4,368
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		2.1	1,269	421	1,690	804	1,988
647		Plx9	2.1	1,269	421	1,690	804	1,988
648	Neonates Weight > 2500 gm (Normal Newborn)		1.3	509	231	740	564	16,437
648		Plx9	1.3	509	231	740	564	16,437
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		39.8	64,535	17,344	81,880	2,056	126
650		Plx1	12.7	17,186	6,249	23,435	1,850	3
650		Plx2	24.7	30,510	9,660	40,170	1,628	6
650		Plx3	31.0	38,634	11,132	49,766	1,605	8
650		Plx4	41.9	69,843	18,584	88,427	2,111	108

Schedule 1 – Inpatient Cost Results

Case Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		20.8	37,083	8,884	45,966	2,210	5
651		Plx9	20.8	37,083	8,884	45,966	2,210	5
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		27.3	45,061	13,295	58,356	2,135	6
652		Plx9	27.3	45,061	13,295	58,356	2,135	6
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		28.2	38,644	10,467	49,111	1,742	16
653		Plx9	28.2	38,644	10,467	49,111	1,742	16
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		10.8	26,599	6,705	33,304	3,098	4
654		Plx9	10.8	26,599	6,705	33,304	3,098	4
655	PWS - Spinal Procedures With Femur Procedures For Trauma		15.7	25,372	8,757	34,129	2,178	6
655		Plx9	15.7	25,372	8,757	34,129	2,178	6
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		41.0	33,127	11,490	44,617	1,088	1
656		Plx9	41.0	33,127	11,490	44,617	1,088	1
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		16.5	20,166	5,769	25,935	1,574	25
657		Plx9	16.5	20,166	5,769	25,935	1,574	25
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		15.1	19,462	6,258	25,720	1,707	75
658		Plx9	15.1	19,462	6,258	25,720	1,707	75
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		23.5	35,440	9,340	44,780	1,902	13
659		Plx9	23.5	35,440	9,340	44,780	1,902	13
660	PWS - Intracranial Procedures For Trauma		6.6	11,307	2,889	14,196	2,145	139
660		Plx1	4.4	6,119	1,701	7,821	1,783	70
660		Plx2	6.4	9,642	2,476	12,119	1,905	25
660		Plx3	6.7	8,968	2,112	11,080	1,650	7
660		Plx4	11.0	25,516	6,185	31,701	2,874	33
661	PWS - Spinal Procedures For Trauma		11.0	14,867	3,755	18,622	1,695	127
661		Plx1	6.4	8,789	2,100	10,889	1,707	63
661		Plx2	10.9	13,845	3,719	17,564	1,617	36
661		Plx3	22.9	25,178	6,678	31,856	1,390	12
661		Plx4	35.9	48,981	11,811	60,792	1,691	19
662	Femur Or Pelvic Procedures For Trauma		9.8	7,386	2,374	9,760	992	1,103
662		Plx1	7.6	5,901	1,902	7,802	1,030	735

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
662		Plx2	13.0	9,011	2,919	11,930	917	203
662		Plx3	17.6	11,618	3,850	15,468	881	90
662		Plx4	22.5	17,145	5,269	22,413	997	77
663	Thoraco-Abdominal Procedures For Trauma		7.9	9,281	2,685	11,966	1,523	146
663		Plx1	6.0	5,763	1,811	7,573	1,256	72
663		Plx2	8.9	9,478	2,754	12,232	1,376	28
663		Plx3	8.7	11,038	3,107	14,145	1,624	24
663		Plx4	14.3	25,080	6,697	31,777	2,223	24
664	Wound Debridement And Skin Graft For Trauma		10.1	9,693	3,378	13,071	1,297	267
664		Plx1	7.0	6,517	2,367	8,884	1,273	197
664		Plx2	17.0	15,546	5,281	20,827	1,223	29
664		Plx3	21.4	19,159	7,090	26,249	1,229	20
664		Plx4	26.3	31,650	9,678	41,328	1,573	25
665	PWS - Elevated Skull Fractures		4.9	5,856	2,063	7,919	1,602	18
665		Plx1	4.9	6,030	2,111	8,141	1,650	15
665		Plx2	5.0	4,987	1,822	6,808	1,362	3
665		Plx3						
665		Plx4						
666	Major Lower Extremity Procedures For Trauma		2.9	3,070	1,021	4,091	1,397	1,994
666		Plx1	2.8	2,968	988	3,956	1,400	1,915
666		Plx2	8.5	8,293	2,604	10,897	1,275	101
666		Plx3	12.4	11,752	3,210	14,961	1,209	40
666		Plx4	21.9	23,559	6,178	29,737	1,355	38
667	Minor Lower Extremity Procedures For Trauma		2.9	3,363	1,015	4,378	1,516	71
667		Plx1	2.6	2,900	863	3,763	1,474	67
667		Plx2	8.7	12,576	3,880	16,456	1,899	3
667		Plx3						
667		Plx4	15.0	25,480	5,239	30,718	2,048	1
668	Miscellaneous Musculoskeletal Procedures For Trauma		3.1	3,329	1,320	4,648	1,477	402
668		Plx1	3.1	3,237	1,284	4,521	1,479	370

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
668		Plx2	4.9	5,188	1,920	7,107	1,439	33
668		Plx3	9.4	13,503	3,547	17,050	1,814	5
668		Plx4	17.2	28,491	7,407	35,899	2,091	6
669	Vascular Repair For Trauma		3.1	4,058	1,518	5,577	1,798	59
669		Plx1	2.5	3,181	1,338	4,519	1,779	50
669		Plx2	6.6	10,684	2,521	13,205	2,001	5
669		Plx3	8.0	10,621	3,804	14,425	1,803	3
669		Plx4	4.0	4,642	2,106	6,748	1,687	1
670	Upper Extremity Procedures For Trauma		1.7	2,066	752	2,818	1,647	1,605
670		Plx1	1.7	2,041	743	2,784	1,641	1,584
670		Plx2	6.5	6,593	2,138	8,731	1,349	53
670		Plx3	12.4	12,078	4,078	16,155	1,298	9
670		Plx4	35.6	23,213	7,124	30,337	853	7
674	PWS - Intracranial Injuries With Spinal Injuries		8.6	11,005	2,707	13,712	1,592	31
674		Plx9	8.6	11,005	2,707	13,712	1,592	31
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		6.9	6,313	1,637	7,950	1,152	10
675		Plx9	6.9	6,313	1,637	7,950	1,152	10
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		12.1	14,066	3,718	17,784	1,470	31
676		Plx9	12.1	14,066	3,718	17,784	1,470	31
677	Spinal Injuries With Fractures Of Femur		8.8	5,690	1,613	7,303	829	57
677		Plx9	8.8	5,690	1,613	7,303	829	57
678	Spinal Injuries With Thoraco-Abdominal Injuries		7.4	6,118	1,657	7,775	1,057	68
678		Plx9	7.4	6,118	1,657	7,775	1,057	68
679	Fractures Of Femur With Thoraco-Abdominal Injuries		9.1	6,655	1,850	8,505	938	30
679		Plx9	9.1	6,655	1,850	8,505	938	30
680	Femur Or Pelvic Fractures And Dislocations		9.5	4,547	1,498	6,045	633	357
680		Plx1	7.4	3,436	1,151	4,587	624	265
680		Plx2	17.7	8,545	2,779	11,324	639	53
680		Plx3	12.5	6,216	2,147	8,363	668	19
680		Plx4	10.2	7,245	2,030	9,275	910	16

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
681	Frostbite		12.4	6,252	2,038	8,290	667	19
681		Plx1	12.6	6,442	2,089	8,531	679	18
681		Plx2	10.0	2,823	1,133	3,956	396	1
681		Plx3	109.0	49,900	13,784	63,683	584	1
681		Plx4						
682	Spinal Injuries		5.6	3,633	1,004	4,638	833	360
682		Plx1	4.7	3,014	820	3,834	809	275
682		Plx2	5.4	3,399	948	4,346	802	62
682		Plx3	16.8	10,304	3,172	13,476	804	13
682		Plx4	30.2	19,207	5,482	24,689	817	14
683	Intracranial Injuries		4.4	4,293	1,068	5,361	1,219	288
683		Plx1	3.3	3,056	765	3,820	1,149	200
683		Plx2	5.9	3,944	1,144	5,088	870	20
683		Plx3	6.5	6,074	1,451	7,526	1,154	42
683		Plx4	16.8	16,631	4,431	21,062	1,257	33
684	Fracture Of Humerus		8.3	3,315	1,221	4,536	546	93
684		Plx1	5.6	2,357	868	3,225	576	72
684		Plx2	22.8	8,888	3,539	12,427	546	13
684		Plx3	16.9	7,937	2,608	10,545	626	7
684		Plx4	84.0	33,484	12,912	46,396	552	2
685	Hip And Thigh Injuries		8.7	4,181	1,288	5,469	631	39
685		Plx1	6.1	2,779	911	3,689	608	31
685		Plx2	24.5	11,429	3,371	14,800	604	4
685		Plx3	21.5	8,445	2,728	11,173	520	2
685		Plx4	16.5	11,134	2,889	14,023	850	2
686	Major Nerve Injuries		11.0	6,712	1,711	8,423	766	4
686		Plx1	6.0	4,704	1,173	5,877	979	2
686		Plx2	7.0	4,779	1,299	6,078	868	1
686		Plx3	25.0	12,661	3,201	15,862	634	1
686		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
687	Thoraco-Abdominal Injuries		4.9	3,591	1,033	4,624	946	515
687		Plx1	4.4	3,094	884	3,978	914	421
687		Plx2	6.6	4,623	1,425	6,048	913	53
687		Plx3	8.5	6,475	1,982	8,457	992	23
687		Plx4	13.7	13,532	3,570	17,102	1,246	26
688	Weight Bearing Injuries		2.9	1,828	583	2,411	841	309
688		Plx1	2.4	1,623	519	2,142	884	283
688		Plx2	14.6	6,342	2,099	8,441	580	23
688		Plx3	16.3	8,872	3,059	11,931	653	11
688		Plx4	23.8	11,774	4,058	15,832	665	6
689	Genito-Urinary Injuries		3.6	2,549	794	3,343	935	59
689		Plx1	2.9	1,840	596	2,436	842	47
689		Plx2	5.4	4,401	1,166	5,567	1,036	8
689		Plx3	4.5	3,300	1,247	4,547	1,011	2
689		Plx4	16.5	25,583	7,752	33,334	2,020	2
690	Crushing Injuries And Contusions		2.9	1,853	545	2,398	814	91
690		Plx1	2.3	1,478	431	1,909	838	79
690		Plx2	9.7	5,059	1,542	6,600	683	9
690		Plx3	19.0	6,464	2,606	9,070	477	3
690		Plx4						
691	Minor Lower Extremity Fractures		2.4	1,724	571	2,295	959	28
691		Plx1	2.3	1,647	542	2,189	953	27
691		Plx2						
691		Plx3	5.0	3,790	1,368	5,158	1,032	1
691		Plx4						
692	Wounds		2.1	1,837	641	2,478	1,197	510
692		Plx1	2.0	1,792	627	2,419	1,208	493
692		Plx2	7.5	4,542	1,479	6,022	803	14
692		Plx3	4.5	3,290	1,117	4,407	979	8
692		Plx4	23.0	11,338	4,108	15,446	672	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
693	Amputations Or Vascular And Other Nerve Injuries		1.6	1,994	771	2,764	1,721	66
693		Plx1	1.6	1,994	783	2,777	1,709	64
693		Plx2	3.0	3,688	808	4,496	1,499	3
693		Plx3						
693		Plx4	7.0	5,061	1,741	6,802	972	1
694	Facial Injuries		2.2	1,929	735	2,664	1,188	177
694		Plx1	2.0	1,812	710	2,522	1,231	164
694		Plx2	6.1	4,385	1,111	5,495	899	9
694		Plx3	4.3	1,950	698	2,648	623	4
694		Plx4	9.0	7,600	3,162	10,762	1,196	1
695	Other Cranial Injuries		1.8	1,843	473	2,316	1,307	273
695		Plx1	1.7	1,484	405	1,889	1,089	233
695		Plx2	5.1	5,738	1,434	7,172	1,399	24
695		Plx3	3.7	4,133	1,046	5,179	1,408	31
695		Plx4	10.5	15,103	3,707	18,810	1,791	22
696	Upper Extremity Fractures		1.6	1,324	452	1,776	1,125	273
696		Plx1	1.5	1,309	450	1,759	1,135	264
696		Plx2	7.7	4,646	1,386	6,031	788	20
696		Plx3	16.8	7,597	2,350	9,947	591	6
696		Plx4	16.8	11,411	3,431	14,842	883	5
700	PWS - Bone Marrow Transplant		30.5	39,300	10,718	50,018	1,640	154
700		Plx1	19.0	22,119	6,223	28,342	1,492	13
700		Plx2	19.6	24,238	6,471	30,709	1,568	12
700		Plx3	29.6	37,299	9,760	47,059	1,588	25
700		Plx4	33.5	43,726	12,059	55,785	1,664	104
701	Splenectomy		5.1	6,034	2,259	8,293	1,638	64
701		Plx1	3.9	5,103	1,893	6,996	1,779	44
701		Plx2	4.9	5,671	2,276	7,948	1,626	9
701		Plx3	6.7	8,470	2,858	11,328	1,687	7
701		Plx4	33.4	32,057	11,638	43,696	1,307	7

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		5.0	5,959	1,833	7,792	1,561	103
703		Plx1	3.3	3,868	1,237	5,104	1,571	80
703		Plx2	8.1	7,896	2,510	10,406	1,288	13
703		Plx3	16.7	18,438	6,317	24,754	1,485	3
703		Plx4	22.5	31,012	9,031	40,044	1,780	10
704	Red Blood Cell Disorders		5.8	3,485	1,078	4,564	785	461
704		Plx1	4.9	2,861	877	3,738	759	283
704		Plx2	6.9	3,473	1,169	4,642	672	102
704		Plx3	8.2	5,767	1,692	7,459	914	57
704		Plx4	16.7	10,750	3,497	14,247	852	35
709	Coagulation Disorders		4.0	2,802	891	3,692	927	199
709		Plx1	3.2	1,969	667	2,636	831	147
709		Plx2	6.3	3,459	1,128	4,587	730	28
709		Plx3	8.4	5,039	1,749	6,788	805	21
709		Plx4	19.1	15,099	4,187	19,286	1,011	15
710	Reticuloendothelial And Immunity Disorders		4.9	3,977	1,257	5,235	1,073	378
710		Plx1	3.9	2,674	880	3,554	901	170
710		Plx2	5.3	3,832	1,156	4,988	943	45
710		Plx3	4.9	4,402	1,375	5,777	1,189	113
710		Plx4	8.1	7,833	2,499	10,332	1,278	49
725	Major Leukemia And Lymphoma Procedures		6.2	6,302	2,301	8,603	1,399	140
725		Plx1	4.2	4,716	1,848	6,564	1,568	107
725		Plx2	12.3	11,302	3,901	15,202	1,236	10
725		Plx3	13.3	10,600	3,588	14,188	1,069	15
725		Plx4	41.8	47,941	14,111	62,052	1,484	22
726	Acute Leukemia Without Major Procedures		17.2	15,561	4,727	20,289	1,182	208
726		Plx1	7.9	7,036	2,177	9,214	1,172	78
726		Plx2	14.5	13,080	3,750	16,831	1,162	25
726		Plx3	18.2	14,621	4,053	18,674	1,027	22
726		Plx4	27.1	24,727	7,628	32,355	1,194	83

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
728	Lymphoma And Chronic Leukemia With Other Procedures		9.0	8,286	2,453	10,739	1,191	201
728		Plx1	4.8	4,367	1,336	5,702	1,179	134
728		Plx2	11.8	9,172	2,701	11,872	1,009	21
728		Plx3	11.1	7,384	2,275	9,659	872	13
728		Plx4	31.8	35,756	9,784	45,540	1,433	31
730	Lymphoma And Chronic Leukemia		12.5	8,637	2,547	11,185	892	407
730		Plx1	7.5	4,959	1,399	6,358	848	150
730		Plx2	9.8	5,856	1,833	7,688	786	86
730		Plx3	13.4	8,730	2,555	11,286	841	54
730		Plx4	20.7	15,534	4,653	20,187	977	113
733	Major Ill-Defined Neoplasm Procedures		10.0	10,043	3,190	13,234	1,329	66
733		Plx1	6.2	6,976	2,417	9,393	1,527	40
733		Plx2	14.4	11,253	3,372	14,625	1,016	10
733		Plx3	11.0	11,381	3,187	14,568	1,324	5
733		Plx4	32.3	26,208	7,975	34,183	1,059	15
734	Ill-Defined Neoplasm With Other Procedures		5.8	5,949	1,787	7,736	1,334	74
734		Plx1	3.6	3,919	1,197	5,117	1,423	57
734		Plx2	11.3	10,721	3,100	13,820	1,225	7
734		Plx3	16.1	15,735	4,741	20,476	1,268	7
734		Plx4	39.5	37,209	11,831	49,040	1,242	6
735	PWS - Radiation Therapy		5.2	3,645	1,048	4,692	902	167
735		Plx1	4.0	2,868	807	3,675	927	140
735		Plx2	9.1	5,473	1,677	7,150	783	15
735		Plx3	18.4	10,991	3,187	14,178	771	5
735		Plx4	23.3	16,021	4,635	20,656	888	11
736	Chemotherapy		3.2	3,469	1,052	4,520	1,409	709
736		Plx1	3.1	3,317	1,002	4,319	1,402	667
736		Plx2	5.4	5,932	1,748	7,680	1,418	12
736		Plx3	9.5	7,504	2,415	9,918	1,046	29
736		Plx4	20.5	15,928	4,687	20,615	1,006	28

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
737	**Other Poorly Differentiated Neoplastic Diagnoses**		**9.4**	**5,782**	**1,797**	**7,580**	**810**	**82**
737		Plx1	5.5	3,458	1,037	4,496	822	30
737		Plx2	7.7	4,617	1,357	5,974	778	22
737		Plx3	12.1	6,870	2,299	9,169	760	15
737		Plx4	18.2	12,063	3,772	15,835	870	15
750	**Multisystemic Or Unspecified Site Infections With Surgery**		**15.4**	**16,254**	**4,797**	**21,051**	**1,370**	**370**
750		Plx1	8.4	6,191	2,184	8,375	994	154
750		Plx2	16.7	12,169	4,067	16,236	972	48
750		Plx3	15.6	11,805	4,035	15,840	1,017	42
750		Plx4	29.1	37,603	10,302	47,905	1,644	137
751	**Septicemia**		**7.8**	**6,489**	**1,901**	**8,390**	**1,079**	**430**
751		Plx1	6.3	3,471	1,127	4,598	735	163
751		Plx2	8.4	4,936	1,603	6,539	777	62
751		Plx3	7.7	5,992	1,871	7,863	1,027	78
751		Plx4	11.7	14,059	3,981	18,040	1,547	136
756	**Post-Operative And Post-Traumatic Infections**		**4.7**	**2,492**	**833**	**3,325**	**707**	**315**
756		Plx1	4.6	2,439	806	3,245	703	271
756		Plx2	5.8	3,098	1,025	4,123	706	31
756		Plx3	5.8	2,899	1,126	4,025	696	14
756		Plx4	22.2	12,264	3,901	16,166	728	10
757	**Viral Illness**		**3.3**	**2,085**	**683**	**2,768**	**851**	**199**
757		Plx1	2.7	1,767	596	2,363	891	144
757		Plx2	4.2	2,594	768	3,362	795	22
757		Plx3	3.4	2,237	748	2,985	891	20
757		Plx4	8.9	7,672	2,152	9,824	1,107	8
761	**Fever Of Unknown Origin**		**3.0**	**1,996**	**698**	**2,694**	**901**	**226**
761		Plx1	2.7	1,758	637	2,395	879	174
761		Plx2	3.9	2,770	908	3,678	948	42
761		Plx3	5.2	3,383	1,059	4,442	860	12
761		Plx4	20.7	17,128	5,086	22,213	1,072	7

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
763	Other Infectious Diagnoses		6.4	4,422	1,310	5,733	892	91
763		Pix1	5.1	3,267	1,041	4,308	847	59
763		Pix2	8.2	4,424	1,372	5,795	708	11
763		Pix3	10.1	6,731	1,990	8,721	866	14
763		Pix4	7.8	7,875	1,870	9,745	1,244	6
764	Depressive Mood Disorders With ECT		35.7	12,470	4,638	17,107	479	358
764		Pix9	35.7	12,470	4,638	17,107	479	358
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		27.5	10,491	3,434	13,925	507	306
765		Pix9	27.5	10,491	3,434	13,925	507	306
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		20.1	6,946	2,352	9,298	463	892
766		Pix9	20.1	6,946	2,352	9,298	463	892
767	Depressive Mood Disorders LOS < 6 Days		3.0	1,444	461	1,905	639	264
767		Pix9	3.0	1,444	461	1,905	639	264
768	Bipolar Mood Disorders, Manic With ECT		35.3	13,649	4,477	18,125	513	35
768		Pix9	35.3	13,649	4,477	18,125	513	35
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		29.1	11,577	3,816	15,393	528	96
769		Pix9	29.1	11,577	3,816	15,393	528	96
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		21.2	7,727	2,657	10,384	490	515
770		Pix9	21.2	7,727	2,657	10,384	490	515
771	Bipolar Mood Disorders LOS < 6 Days		3.1	1,550	497	2,047	663	104
771		Pix9	3.1	1,550	497	2,047	663	104
772	Dementia With Or Without Delirium With Axis III Diagnosis		45.0	18,206	6,509	24,715	550	357
772		Pix9	45.0	18,206	6,509	24,715	550	357
773	Dementia With Or Without Delirium Without Axis III Diagnosis		33.7	13,530	4,698	18,228	541	254
773		Pix9	33.7	13,530	4,698	18,228	541	254
774	Organic Mental Disorders Induced By Drugs		9.2	4,057	1,372	5,428	592	253
774		Pix9	9.2	4,057	1,372	5,428	592	253
775	Schizophrenia And Other Psychotic Disorders With ECT		43.4	17,354	6,052	23,406	540	44
775		Pix9	43.4	17,354	6,052	23,406	540	44
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		29.9	12,448	4,058	16,506	552	229

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
776		**Plx9**	**29.9**	**12,448**	**4,058**	**16,506**	**552**	**229**
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		24.2	9,188	3,024	12,212	504	1,160
777		**Plx9**	**24.2**	**9,188**	**3,024**	**12,212**	**504**	**1,160**
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		3.1	1,547	492	2,040	661	243
778		**Plx9**	**3.1**	**1,547**	**492**	**2,040**	**661**	**243**
779	Dissociative Disorders		7.0	4,012	1,115	5,127	732	66
779		**Plx9**	**7.0**	**4,012**	**1,115**	**5,127**	**732**	**66**
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		8.8	4,324	1,496	5,820	661	139
780		**Plx9**	**8.8**	**4,324**	**1,496**	**5,820**	**661**	**139**
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		5.2	2,273	775	3,048	584	136
781		**Plx9**	**5.2**	**2,273**	**775**	**3,048**	**584**	**136**
783	Psychoactive Substance Dependence		8.7	3,996	1,228	5,224	604	283
783		**Plx9**	**8.7**	**3,996**	**1,228**	**5,224**	**604**	**283**
784	Psychoactive Substance Abuse		4.2	2,081	698	2,779	655	256
784		**Plx9**	**4.2**	**2,081**	**698**	**2,779**	**655**	**256**
785	Developmental Delay		23.9	11,200	3,444	14,644	613	43
785		**Plx9**	**23.9**	**11,200**	**3,444**	**14,644**	**613**	**43**
786	Disruptive Behaviour Disorders		16.5	8,284	2,457	10,741	652	244
786		**Plx9**	**16.5**	**8,284**	**2,457**	**10,741**	**652**	**244**
787	Eating Disorders		27.1	12,389	3,227	15,616	577	110
787		**Plx9**	**27.1**	**12,389**	**3,227**	**15,616**	**577**	**110**
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		21.3	9,329	3,274	12,603	591	159
788		**Plx9**	**21.3**	**9,329**	**3,274**	**12,603**	**591**	**159**
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		16.4	6,471	2,191	8,662	528	112
789		**Plx9**	**16.4**	**6,471**	**2,191**	**8,662**	**528**	**112**
790	Somatoform Disorders		6.5	3,405	863	4,268	654	21
790		**Plx9**	**6.5**	**3,405**	**863**	**4,268**	**654**	**21**
791	Anxiety Disorders (MNRH)		11.9	4,909	1,583	6,492	547	169
791		**Plx9**	**11.9**	**4,909**	**1,583**	**6,492**	**547**	**169**

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
792	Adjustment Disorders (MNRH)		4.0	1,993	625	2,618	652	1,256
792		Plx9	4.0	1,993	625	2,618	652	1,256
793	Personality Disorders With Axis III Diagnosis (MNRH)		10.9	4,921	1,660	6,581	603	26
793		Plx9	10.9	4,921	1,660	6,581	603	26
794	Personality Disorders Without Axis III Diagnosis (MNRH)		4.3	2,048	673	2,720	638	199
794		Plx9	4.3	2,048	673	2,720	638	199
795	Sexual Dysfunction And Sexual Disorders (MNRH)		14.4	7,633	2,543	10,175	704	18
795		Plx9	14.4	7,633	2,543	10,175	704	18
796	Specific Developmental Disorders (MNRH)		19.2	9,853	2,875	12,727	663	5
796		Plx9	19.2	9,853	2,875	12,727	663	5
797	Miscellaneous Psychiatric Diagnoses (MNRH)		13.8	6,391	2,105	8,496	617	67
797		Plx9	13.8	6,391	2,105	8,496	617	67
803	Extensive Procedures For Injury Or Complication Of Treatment		11.6	11,456	3,499	14,955	1,286	408
803		Plx1	7.4	7,659	2,334	9,993	1,358	219
803		Plx2	10.3	9,536	2,870	12,406	1,201	69
803		Plx3	15.5	13,823	4,217	18,039	1,166	45
803		Plx4	28.8	30,245	9,111	39,356	1,365	73
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		4.3	4,394	1,322	5,716	1,325	637
804		Plx1	3.1	3,123	991	4,114	1,330	500
804		Plx2	9.1	7,605	2,235	9,840	1,083	56
804		Plx3	10.8	9,468	3,147	12,614	1,166	45
804		Plx4	21.4	25,782	7,163	32,945	1,537	66
805	MNRH Procedures For Injury Or Complication Of Treatment		3.4	2,595	936	3,532	1,050	146
805		Plx1	2.8	2,248	818	3,067	1,107	122
805		Plx2	5.3	3,534	1,296	4,831	911	10
805		Plx3	5.4	5,060	1,643	6,703	1,235	7
805		Plx4	14.5	15,245	4,437	19,683	1,357	6
811	Allergic Reaction		2.4	1,800	503	2,302	953	48
811		Plx1	1.7	1,024	304	1,328	794	35
811		Plx2	3.0	6,642	1,162	7,804	2,601	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Contact Cases
811		Plx3	4.8	3,792	884	4,676	984	4
811		Plx4	4.5	5,926	1,361	7,287	1,619	4
813	Drug Reactions		2.2	1,700	541	2,240	1,015	688
813		Plx1	2.0	1,392	458	1,850	917	583
813		Plx2	5.5	3,501	1,115	4,616	836	52
813		Plx3	5.4	3,971	1,239	5,210	957	65
813		Plx4	8.7	11,966	3,123	15,089	1,741	48
818	Complications Of Treatment		3.9	2,485	788	3,273	843	927
818		Plx1	3.2	1,927	636	2,563	793	729
818		Plx2	5.4	3,721	1,095	4,816	889	98
818		Plx3	7.3	5,243	1,583	6,826	934	61
818		Plx4	10.3	8,548	2,458	11,007	1,070	42
823	Minor Injuries And Trauma Diagnosis		2.4	2,310	637	2,947	1,217	140
823		Plx1	1.9	1,571	456	2,026	1,073	117
823		Plx2	7.5	3,993	1,387	5,381	717	8
823		Plx3	4.3	2,584	776	3,360	775	9
823		Plx4	7.8	17,560	4,244	21,804	2,813	8
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		52.6	74,489	21,667	96,156	1,827	22
830		Plx1	30.6	33,558	10,256	43,815	1,434	9
830		Plx2	18.7	27,418	8,437	35,856	1,921	3
830		Plx3						
830		Plx4	93.6	145,408	44,446	189,854	2,028	11
831	Extensive Burns Without Burn Procedures		9.7	9,707	2,812	12,519	1,289	7
831		Plx1	8.3	7,450	2,089	9,539	1,145	6
831		Plx2						
831		Plx3	18.0	23,250	7,153	30,403	1,689	1
831		Plx4						
832	PWS - Non-Extensive Burns With Skin Graft		13.4	13,074	4,265	17,339	1,296	117
832		Plx1	11.4	9,904	3,279	13,183	1,157	94
832		Plx2	17.0	17,673	5,574	23,247	1,367	7

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
832		Plx3	21.1	22,023	6,657	28,680	1,359	9
832		Plx4	38.4	42,524	13,418	55,942	1,455	9
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		9.0	7,308	2,128	9,436	1,048	1
833		Plx1	9.0	7,308	2,128	9,436	1,048	1
833		Plx2						
833		Plx3						
833		Plx4						
834	Non-Extensive Burns Without Burn Procedures		5.7	4,248	1,280	5,528	974	89
834		Plx1	5.0	3,441	1,058	4,499	895	80
834		Plx2	11.0	9,191	2,723	11,914	1,083	4
834		Plx3	21.5	13,914	4,209	18,123	843	2
834		Plx4	9.0	15,020	3,308	18,928	2,103	3
840	Other Admissions With Surgery		39.6	27,279	7,776	35,055	884	353
840		Plx1	11.2	6,988	2,349	9,337	834	184
840		Plx2	45.5	24,678	7,755	32,432	713	40
840		Plx3	57.7	33,496	9,977	43,474	753	31
840		Plx4	91.6	72,234	18,983	91,217	996	96
841	Rehabilitation		37.8	16,744	5,204	21,949	580	1,777
841		Plx1	31.8	13,730	4,328	18,059	569	988
841		Plx2	43.5	19,260	5,968	25,229	580	372
841		Plx3	44.9	20,407	6,343	26,750	595	226
841		Plx4	53.2	25,269	7,632	32,902	619	194
842	Signs And Symptoms		7.1	3,575	1,174	4,749	670	261
842		Plx1	5.3	2,695	861	3,556	676	174
842		Plx2	10.7	4,602	1,659	6,261	584	51
842		Plx3	15.9	7,324	2,407	9,731	611	30
842		Plx4	18.9	12,737	3,827	16,564	878	16
846	Aftercare Following Surgery Or Treatment		1.6	1,216	390	1,606	1,011	1,542
846		Plx1	1.5	1,134	362	1,496	1,008	1,495
846		Plx2	2.9	3,055	937	3,992	1,377	30

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
846		Plx3	3.3	2,398	818	3,215	989	8
846		Plx4	6.0	4,216	1,150	5,366	894	1
847	Other Specified Aftercare		14.4	7,882	3,060	10,942	762	544
847		Plx1	13.8	7,528	2,998	10,526	765	458
847		Plx2	12.7	6,058	2,088	8,146	641	45
847		Plx3	16.9	10,759	4,073	14,832	879	17
847		Plx4	25.4	16,279	5,457	21,736	856	23
849	Multiple Or Unspecified Congenital Anomalies		10.6	11,422	3,069	14,491	1,367	10
849		Plx1	5.9	8,596	2,100	10,696	1,826	7
849		Plx2						
849		Plx3	15.0	7,964	3,175	11,139	743	1
849		Plx4	18.0	14,962	5,166	20,128	1,118	1
850	Perinatal Conditions Age > 28 Days		20.2	16,092	3,758	19,850	984	96
850		Plx1	18.0	12,819	3,242	16,061	892	57
850		Plx2	23.0	18,695	3,927	22,622	984	7
850		Plx3	24.5	20,873	4,420	25,293	1,034	26
850		Plx4	21.0	22,166	4,684	26,849	1,279	6
851	Other Factors Causing Hospitalization		4.4	2,017	784	2,801	635	510
851		Plx1	4.0	1,868	732	2,599	644	473
851		Plx2	9.0	4,189	1,501	5,690	629	25
851		Plx3	6.8	2,327	1,144	3,472	512	9
851		Plx4	24.7	7,358	3,637	10,995	446	3
852	Procedures Cancelled (MNRH)		1.0	342	98	440	440	478
852		Plx1	1.0	333	95	428	428	459
852		Plx2	1.0	413	121	535	535	12
852		Plx3	1.0	794	222	1,017	1,017	7
852		Plx4						
860	Respiratory Tract Disorders With HIV		8.1	5,357	1,670	7,027	867	47
860		Plx9	8.1	5,357	1,670	7,027	867	47
861	CNS Infection With HIV		9.5	4,755	1,076	5,831	614	2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
861		Plx9	9.5	4,755	1,076	5,831	614	2
862	GI And Hepatobiliary Disorders With HIV		4.0	2,529	729	3,258	814	10
862		Plx9	4.0	2,529	729	3,258	814	10
863	Ophthalmic Disorders With HIV		46.0	77,336	23,870	101,207	2,200	3
863		Plx9	46.0	77,336	23,870	101,207	2,200	3
864	Blood Infections With HIV		5.3	3,545	1,244	4,789	912	4
864		Plx9	5.3	3,545	1,244	4,789	912	4
865	Lymphoma With HIV		42.7	31,111	10,679	41,790	979	3
865		Plx9	42.7	31,111	10,679	41,790	979	3
866	Psychosocial Conditions With HIV		13.0	7,675	2,826	10,500	808	3
866		Plx9	13.0	7,675	2,826	10,500	808	3
867	Other Conditions Associated With HIV		7.8	8,229	2,347	10,576	1,365	4
867		Plx9	7.8	8,229	2,347	10,576	1,365	4
868	Miscellaneous Conditions With HIV		9.3	6,099	1,977	8,076	870	18
868		Plx9	9.3	6,099	1,977	8,076	870	18
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		18.5	15,956	5,425	21,381	1,158	30
880		Plx1	12.7	10,315	4,152	14,467	1,140	13
880		Plx2	33.0	23,062	7,774	30,836	934	4
880		Plx3	8.4	9,333	3,559	12,892	1,535	5
880		Plx4	33.3	33,221	9,585	42,806	1,287	8
881	Amputation Of Lower Limb Except Toe		16.7	11,375	3,770	15,145	904	196
881		Plx1	9.8	6,131	2,224	8,356	856	87
881		Plx2	17.8	12,145	3,946	16,091	903	40
881		Plx3	14.3	9,891	3,355	13,247	928	32
881		Plx4	43.8	30,819	9,646	40,465	923	40
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		17.4	14,643	5,064	19,707	1,133	18
882		Plx1	6.6	6,547	2,681	9,228	1,404	7
882		Plx2	19.3	14,178	4,069	18,247	944	3
882		Plx3	43.7	24,835	9,941	34,775	796	3
882		Plx4	27.6	25,867	8,575	34,442	1,248	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
883	Wound Debridement And Grafting Other Than Hand		12.8	10,513	3,294	13,807	1,079	24
883		Plx1	13.5	11,798	3,604	15,402	1,138	13
883		Plx2	6.5	5,823	1,923	7,747	1,192	6
883		Plx3	16.5	12,786	4,057	16,843	1,021	4
883		Plx4	42.5	17,073	6,925	23,998	565	2
884	Other Amputations Including Toe		13.5	8,556	2,736	11,292	836	36
884		Plx1	7.5	4,693	1,617	6,310	838	17
884		Plx2	13.1	7,725	2,505	10,230	781	11
884		Plx3	25.2	18,664	5,327	23,991	953	6
884		Plx4	49.0	38,161	12,192	50,352	1,028	2
885	PWS - Aortic Replacement		9.6	15,359	3,894	19,253	2,002	156
885		Plx1	6.5	11,799	2,582	14,381	2,218	62
885		Plx2	9.6	12,685	3,662	16,347	1,704	22
885		Plx3	11.0	16,485	4,344	20,830	1,894	33
885		Plx4	13.1	22,223	5,884	28,108	2,139	36
887	Vascular Bypass Surgery		8.2	9,913	3,035	12,948	1,575	365
887		Plx1	6.5	8,012	2,447	10,459	1,610	187
887		Plx2	8.6	10,006	3,111	13,117	1,521	69
887		Plx3	10.0	11,581	3,500	15,081	1,508	63
887		Plx4	13.3	17,016	5,276	22,291	1,674	44
890	Other Thoraco-Abdominal Procedures		11.6	9,606	2,936	12,542	1,082	32
890		Plx1	5.4	4,396	1,256	5,653	1,041	14
890		Plx2	5.2	5,215	1,521	6,735	1,295	5
890		Plx3	15.3	10,782	3,612	14,394	939	3
890		Plx4	15.0	17,907	5,234	23,141	1,543	7
891	Vascular Repair		5.5	7,580	2,254	9,834	1,788	128
891		Plx1	4.0	5,887	1,769	7,656	1,929	94
891		Plx2	7.9	8,307	2,984	11,291	1,428	11
891		Plx3	12.4	13,030	3,653	16,684	1,342	14
891		Plx4	12.1	21,462	6,456	27,918	2,309	11

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
892	Other Vascular Procedures		4.7	6,660	1,782	8,442	1,792	83
892		Plx1	4.1	6,176	1,522	7,698	1,863	61
892		Plx2	10.8	8,187	2,650	10,838	1,002	11
892		Plx3	7.3	9,280	2,717	11,997	1,636	12
892		Plx4	27.0	29,314	8,921	38,235	1,416	3
893	Vein Ligation And Stripping (MNRH)		1.0	1,054	483	1,537	1,537	25
893		Plx1	1.0	1,051	476	1,527	1,527	23
893		Plx2	1.0	1,089	558	1,647	1,647	2
893		Plx3						
893		Plx4						
895	Deep Vein Thrombophlebitis		7.2	3,650	1,198	4,848	676	265
895		Plx1	6.0	2,981	976	3,957	663	174
895		Plx2	8.0	4,337	1,400	5,737	717	47
895		Plx3	13.2	6,497	2,192	8,689	659	39
895		Plx4	14.0	6,606	2,142	8,748	625	9
898	Peripheral Vascular Disease		5.9	4,059	1,260	5,320	895	217
898		Plx1	4.9	3,505	1,071	4,576	935	168
898		Plx2	6.5	3,901	1,242	5,143	796	24
898		Plx3	15.9	7,644	2,685	10,329	648	16
898		Plx4	12.8	10,468	3,248	13,717	1,070	11
900	Extensive Unrelated O.R. Procedures		18.8	19,212	5,835	25,046	1,336	263
900		Plx1	8.2	8,873	2,970	11,843	1,438	81
900		Plx2	15.8	11,958	3,936	15,894	1,003	33
900		Plx3	20.8	17,398	5,175	22,573	1,083	37
900		Plx4	38.0	34,916	10,468	45,384	1,194	128
901	Non-Extensive Unrelated O.R. Procedures		12.5	12,024	3,609	15,633	1,255	976
901		Plx1	5.9	4,834	1,571	6,405	1,084	469
901		Plx2	13.3	9,156	2,884	12,040	907	134
901		Plx3	16.1	12,728	3,984	16,712	1,040	137
901		Plx4	27.5	32,518	9,407	41,925	1,524	254

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
902	Post-Operative Complications With Unrelated O.R. Procedures		10.3	10,564	3,514	14,078	1,369	81
902		Plx1	6.4	5,574	1,945	7,519	1,178	42
902		Plx2	11.0	9,868	3,993	13,861	1,260	8
902		Plx3	17.3	14,515	4,942	19,458	1,125	10
902		Plx4	21.9	27,576	7,844	35,420	1,616	24
906	Unrelated O.R. Procedures (MNRH)		12.1	8,230	2,666	10,897	897	143
906		Plx1	7.9	4,852	1,670	6,522	828	87
906		Plx2	15.3	7,676	2,870	10,546	690	21
906		Plx3	19.3	12,122	3,943	16,065	833	14
906		Plx4	24.3	21,644	6,216	27,860	1,148	22
908	Other Major Procedures For Gynecological Malignancy		5.4	4,681	1,657	6,339	1,174	10
908		Plx1	4.0	3,414	1,102	4,516	1,129	6
908		Plx2	4.0	4,835	1,396	6,231	1,558	1
908		Plx3	11.0	7,421	3,561	10,982	998	2
908		Plx4	10.0	8,153	2,974	11,128	1,113	2
909	Obsolete Psychiatric Diagnoses (MNRH)		10.0	4,050	1,296	5,346	535	161
909		Plx9	10.0	4,050	1,296	5,346	535	161
910	Diagnosis Not Generally Hospitalized		1.5	1,729	684	2,414	1,630	77
910		Plx9	1.5	1,729	684	2,414	1,630	77
912	Obstetric Codes Invalid As Most Responsible Diagnosis		2.8	1,346	455	1,801	643	30
912		Plx9	2.8	1,346	455	1,801	643	30
996	Cadaveric Donor Organ and Tissue Retrieval			16,199	2,687	18,885		4
996		Plx9		16,199	2,687	18,885		4
997	Stillbirths							
997		Plx9						
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		3.7	4,781	1,115	5,896	1,608	6
998		Plx9	3.7	4,781	1,115	5,896	1,608	6
999	Ungroupable Data		2.6	2,306	673	2,979	1,135	16
999		Plx9	2.6	2,306	673	2,979	1,135	16

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
001	PWS - Craniotomy Procedures		1,070	1,001	N/A	13,801	14,875	N/A	6.7	7.8	N/A
001		Plx1	783	700	N/A	11,337	11,521	N/A	5.3	6.1	N/A
001		Plx2	135	118	N/A	16,499	15,112	N/A	9.2	8.8	N/A
001		Plx3	75	76	N/A	21,185	22,592	N/A	14.1	14.1	N/A
001		Plx4	111	135	N/A	41,769	41,717	N/A	21.4	21.2	N/A
003	PWS - Spinal Procedures		152	171	N/A	8,328	9,023	N/A	5.1	5.4	N/A
003		Plx1	132	144	N/A	7,484	7,376	N/A	4.4	4.2	N/A
003		Plx2	12	11	N/A	16,297	14,025	N/A	10.3	8.6	N/A
003		Plx3	10	6	N/A	36,011	23,396	N/A	32.6	15.7	N/A
003		Plx4	10	12	N/A	34,606	45,857	N/A	24.3	28.1	N/A
004	PWS - Extracranial Vascular Procedures		330	391	N/A	5,798	5,932	N/A	2.7	3.3	N/A
004		Plx1	284	325	N/A	5,311	5,141	N/A	2.3	2.5	N/A
004		Plx2	15	22	N/A	7,999	8,399	N/A	4.5	5.6	N/A
004		Plx3	21	28	N/A	12,266	13,036	N/A	8.3	10.1	N/A
004		Plx4	11	12	N/A	27,708	18,021	N/A	15.1	12.0	N/A
005	PWS - Ventricular Shunt Revision		95	113	N/A	5,688	6,108	N/A	2.7	2.7	N/A
005		Plx1	83	100	N/A	5,294	5,391	N/A	2.4	2.4	N/A
005		Plx2	4	4	N/A	12,347	5,558	N/A	6.5	2.3	N/A
005		Plx3	3	3	N/A	5,704	7,732	N/A	2.7	2.7	N/A
005		Plx4	3	2	N/A	12,762	33,284	N/A	9.0	9.0	N/A
006	Carpal Tunnel Release And Specified Nervous System Procedures		68	60	N/A	5,418	6,139	N/A	2.4	3.3	N/A
006		Plx1	63	52	N/A	5,158	5,178	N/A	2.2	2.3	N/A
006		Plx2	3	1	N/A	5,523	10,698	N/A	2.7	13.0	N/A
006		Plx3	1	4	N/A	20,739	18,579	N/A	7.0	9.5	N/A
006		Plx4	5	6	N/A	51,145	57,638	N/A	31.2	52.5	N/A
007	Peripheral, Cranial Nerve And Other Neurological Procedures		55	46	N/A	14,178	6,633	N/A	7.7	6.5	N/A
007		Plx1	27	35	N/A	7,363	5,813	N/A	5.0	4.1	N/A
007		Plx2	7	7	N/A	17,862	10,598	N/A	9.9	14.7	N/A
007		Plx3	5	2	N/A	13,618	6,919	N/A	9.6	12.0	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
001	PWS - Craniotomy Procedures		1,070	1,001	N/A	13,801	14,875	N/A	6.7	7.8	N/A
001		Pix1	783	700	N/A	11,337	11,521	N/A	5.3	6.1	N/A
001		Pix2	135	118	N/A	16,499	15,112	N/A	9.2	8.8	N/A
001		Pix3	75	76	N/A	21,185	22,592	N/A	14.1	14.1	N/A
001		Pix4	111	135	N/A	41,769	41,717	N/A	21.4	21.2	N/A
003	PWS - Spinal Procedures		152	171	N/A	8,328	9,023	N/A	5.1	5.4	N/A
003		Pix1	132	144	N/A	7,484	7,376	N/A	4.4	4.2	N/A
003		Pix2	12	11	N/A	16,297	14,025	N/A	10.3	8.6	N/A
003		Pix3	10	6	N/A	36,011	23,396	N/A	32.6	15.7	N/A
003		Pix4	10	12	N/A	34,606	45,857	N/A	24.3	28.1	N/A
004	PWS - Extracranial Vascular Procedures		330	391	N/A	5,798	5,932	N/A	2.7	3.3	N/A
004		Pix1	284	325	N/A	5,311	5,141	N/A	2.3	2.5	N/A
004		Pix2	15	22	N/A	7,999	8,399	N/A	4.5	5.6	N/A
004		Pix3	21	28	N/A	12,266	13,036	N/A	8.3	10.1	N/A
004		Pix4	11	12	N/A	27,708	18,021	N/A	15.1	12.0	N/A
005	PWS - Ventricular Shunt Revision		95	113	N/A	5,688	6,108	N/A	2.7	2.7	N/A
005		Pix1	83	100	N/A	5,294	5,391	N/A	2.4	2.4	N/A
005		Pix2	4	4	N/A	12,347	5,558	N/A	6.5	2.3	N/A
005		Pix3	3	3	N/A	5,704	7,732	N/A	2.7	2.7	N/A
005		Pix4	3	2	N/A	12,762	33,284	N/A	9.0	9.0	N/A
006	Carpal Tunnel Release And Specified Nervous System Procedures		68	60	N/A	5,418	6,139	N/A	2.4	3.3	N/A
006		Pix1	63	52	N/A	5,158	5,178	N/A	2.2	2.3	N/A
006		Pix2	3	1	N/A	5,523	10,698	N/A	2.7	13.0	N/A
006		Pix3	1	4	N/A	20,739	18,579	N/A	7.0	9.5	N/A
006		Pix4	5	6	N/A	51,145	57,638	N/A	31.2	52.5	N/A
007	Peripheral, Cranial Nerve And Other Neurological Procedures		55	46	N/A	14,178	6,633	N/A	7.7	6.5	N/A
007		Pix1	27	35	N/A	7,363	5,813	N/A	5.0	4.1	N/A
007		Pix2	7	7	N/A	17,862	10,598	N/A	9.9	14.7	N/A
007		Pix3	5	2	N/A	13,618	6,919	N/A	9.6	12.0	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Blended
007		Plx4	18	2	N/A	35,152	79,851	N/A	15.9	73.0	N/A
010	Neoplasm Of Nervous System		234	235	N/A	7,754	7,703	N/A	9.5	9.9	N/A
010		Plx1	151	148	N/A	6,525	5,777	N/A	8.0	7.2	N/A
010		Plx2	53	40	N/A	7,649	9,080	N/A	10.7	12.5	N/A
010		Plx3	16	25	N/A	14,916	11,505	N/A	20.5	14.6	N/A
010		Plx4	21	20	N/A	20,588	12,978	N/A	23.4	16.9	N/A
011	Degenerative Nervous Disorders		177	179	N/A	12,635	11,133	N/A	17.2	17.0	N/A
011		Plx1	114	116	N/A	9,256	6,776	N/A	14.1	11.5	N/A
011		Plx2	26	22	N/A	11,109	14,960	N/A	17.0	25.5	N/A
011		Plx3	20	24	N/A	19,114	19,644	N/A	28.6	32.9	N/A
011		Plx4	17	19	N/A	31,344	29,818	N/A	28.4	36.2	N/A
012	Multiple Sclerosis And Cerebellar Disorders		112	108	N/A	8,238	5,968	N/A	10.1	7.5	N/A
012		Plx1	82	88	N/A	5,990	4,632	N/A	7.6	5.8	N/A
012		Plx2	16	16	N/A	9,047	12,656	N/A	12.8	21.0	N/A
012		Plx3	3	6	N/A	9,617	18,755	N/A	13.7	25.3	N/A
012		Plx4	8	4	N/A	28,348	49,003	N/A	24.3	34.0	N/A
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1,611	1,574	N/A	7,913	8,179	N/A	9.0	9.8	N/A
013		Plx1	1,077	894	N/A	5,818	5,597	N/A	6.6	7.1	N/A
013		Plx2	257	275	N/A	10,996	10,121	N/A	14.0	13.4	N/A
013		Plx3	165	245	N/A	13,283	11,233	N/A	15.8	14.1	N/A
013		Plx4	131	179	N/A	18,717	18,833	N/A	18.7	19.5	N/A
014	Transient Ischemic Attacks And Precerebral Occlusions		498	454	N/A	3,892	4,220	N/A	3.8	5.0	N/A
014		Plx1	441	353	N/A	3,501	3,534	N/A	3.4	4.3	N/A
014		Plx2	49	63	N/A	7,775	5,907	N/A	8.8	7.2	N/A
014		Plx3	16	38	N/A	8,154	11,653	N/A	7.1	13.7	N/A
014		Plx4	5	15	N/A	27,836	14,071	N/A	27.2	17.7	N/A
015	Nonspecific Cerebrovascular Disorders		59	69	N/A	7,332	7,253	N/A	8.5	7.8	N/A
015		Plx1	40	40	N/A	4,635	5,586	N/A	5.6	6.0	N/A
015		Plx2	9	13	N/A	9,520	5,893	N/A	17.4	7.9	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
015		Pix3	7	8	N/A	40,735	7,604	N/A	52.1	9.3	N/A
015		Pix4	6	8	N/A	15,563	22,851	N/A	12.7	16.9	N/A
017	Cranial And Peripheral Nerve Diseases		126	166	N/A	5,812	5,997	N/A	7.6	8.2	N/A
017		Pix1	87	125	N/A	4,097	4,861	N/A	5.5	6.7	N/A
017		Pix2	20	21	N/A	8,271	7,966	N/A	11.5	12.1	N/A
017		Pix3	14	14	N/A	13,571	10,276	N/A	18.7	14.4	N/A
017		Pix4	10	8	N/A	40,468	21,572	N/A	33.1	24.0	N/A
018	Viral Meningitis		71	96	N/A	2,292	2,177	N/A	3.1	3.0	N/A
018		Pix1	69	91	N/A	2,264	2,029	N/A	3.1	2.9	N/A
018		Pix2	2	4	N/A	4,367	9,344	N/A	8.0	10.8	N/A
018		Pix3	1	2	N/A	2,267	2,755	N/A	4.0	3.5	N/A
018		Pix4	2	1	N/A	16,301	11,554	N/A	20.5	5.0	N/A
019	Infection Except Viral Meningitis		147	130	N/A	7,796	9,695	N/A	7.2	8.2	N/A
019		Pix1	99	78	N/A	5,261	6,004	N/A	5.6	6.7	N/A
019		Pix2	21	18	N/A	10,756	9,243	N/A	10.5	11.1	N/A
019		Pix3	18	17	N/A	10,958	16,730	N/A	10.3	16.2	N/A
019		Pix4	15	28	N/A	33,473	27,310	N/A	27.1	15.3	N/A
020	Hypertensive Encephalopathy		3	4	N/A	5,240	4,938	N/A	4.7	6.0	N/A
020		Pix1	1	1	N/A	1,396	3,204	N/A	2.0	4.0	N/A
020		Pix2	1	2	N/A	9,877	1,734	N/A	8.0	4.0	N/A
020		Pix3	1		N/A	4,448		N/A	4.0		N/A
020		Pix4	1	1	N/A	21,885	13,079	N/A	38.0	12.0	N/A
021	Non-Traumatic Stupor And Coma		59	81	N/A	3,927	3,822	N/A	3.1	4.5	N/A
021		Pix1	42	54	N/A	2,619	2,987	N/A	2.4	3.7	N/A
021		Pix2	5	12	N/A	4,112	8,291	N/A	3.8	10.5	N/A
021		Pix3	8	13	N/A	6,471	7,791	N/A	3.5	8.8	N/A
021		Pix4	5	8	N/A	15,687	8,174	N/A	10.2	7.6	N/A
022	Seizure And Headache		1,015	904	N/A	3,062	2,985	N/A	3.2	3.1	N/A
022		Pix1	859	754	N/A	2,898	2,735	N/A	3.1	2.9	N/A
022		Pix2	104	79	N/A	3,658	3,607	N/A	4.1	3.9	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
022		Plx3	58	61	N/A	6,988	4,923	N/A	6.3	4.9	N/A
022		Plx4	25	30	N/A	19,068	17,204	N/A	13.4	12.5	N/A
028	Other Nervous System Diagnoses		326	264	N/A	5,772	6,381	N/A	5.7	5.9	N/A
028		Plx1	213	180	N/A	3,416	4,088	N/A	4.1	4.9	N/A
028		Plx2	42	21	N/A	5,972	6,820	N/A	6.8	8.3	N/A
028		Plx3	19	25	N/A	8,448	8,546	N/A	5.5	7.2	N/A
028		Plx4	44	39	N/A	17,588	18,382	N/A	11.2	10.6	N/A
040	Tracheostomy And Gastrostomy Procedures		244	244	N/A	77,261	76,558	N/A	52.0	49.0	N/A
040		Plx1	39	24	N/A	24,844	24,909	N/A	27.5	30.9	N/A
040		Plx2	10	5	N/A	30,517	35,151	N/A	37.2	43.2	N/A
040		Plx3	29	25	N/A	32,914	34,489	N/A	34.2	42.6	N/A
040		Plx4	167	190	N/A	101,522	89,780	N/A	62.6	52.4	N/A
050	Orbital Procedures		331	616	N/A	2,087	1,762	N/A	1.4	1.0	N/A
050		Plx1	327	615	N/A	2,076	1,763	N/A	1.4	1.0	N/A
050		Plx2	5	10	N/A	5,229	3,730	N/A	5.2	2.9	N/A
050		Plx3	3	1	N/A	12,204	2,320	N/A	5.7	2.0	N/A
050		Plx4	2	1	N/A	5,796	28,176	N/A	4.0	42.0	N/A
051	Other Intraocular Procedures		135	111	N/A	1,888	2,158	N/A	1.3	1.5	N/A
051		Plx1	128	107	N/A	1,846	2,109	N/A	1.3	1.5	N/A
051		Plx2	5	4	N/A	2,472	5,722	N/A	1.6	3.8	N/A
051		Plx3	2	1	N/A	3,111	2,284	N/A	1.5	2.0	N/A
051		Plx4			N/A			N/A			N/A
052	Retinal Procedures		1,023	607	N/A	1,805	2,067	N/A	1.0	1.0	N/A
052		Plx1	1,017	607	N/A	1,801	2,067	N/A	1.0	1.0	N/A
052		Plx2	7	1	N/A	3,199	12,680	N/A	2.1	11.0	N/A
052		Plx3	4	1	N/A	2,894	6,061	N/A	1.5	11.0	N/A
052		Plx4			N/A			N/A			N/A
053	Iris And Lens Procedures		14	13	N/A	1,698	1,879	N/A	1.6	1.3	N/A
053		Plx1	14	13	N/A	1,698	1,879	N/A	1.6	1.3	N/A
053		Plx2			N/A			N/A			N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
053		Plx3			N/A			N/A			N/A
053		Plx4			N/A			N/A			N/A
054	Extraocular Procedures		34	29	N/A	2,398	1,947	N/A	1.5	1.2	N/A
054		Plx1	34	29	N/A	2,398	1,947	N/A	1.5	1.2	N/A
054		Plx2			N/A			N/A			N/A
054		Plx3	1	2	N/A	17,875	16,803	N/A	14.0	12.5	N/A
054		Plx4			N/A			N/A			N/A
055	Lens Insertion (MNRH)		158	174	N/A	2,531	2,553	N/A	1.0	1.0	N/A
055		Plx1	156	172	N/A	2,520	2,566	N/A	1.0	1.0	N/A
055		Plx2	2	3	N/A	4,048	3,783	N/A	1.5	3.0	N/A
055		Plx3	1		N/A	3,394		N/A	1.0		N/A
055		Plx4			N/A			N/A			N/A
057	Other Ophthalmic Procedures (MNRH)		41	75	N/A	1,398	1,476	N/A	1.0	1.0	N/A
057		Plx1	41	75	N/A	1,398	1,476	N/A	1.0	1.0	N/A
057		Plx2	1	2	N/A	2,279	7,571	N/A	2.0	4.0	N/A
057		Plx3	1		N/A	1,884		N/A	2.0		N/A
057		Plx4			N/A			N/A			N/A
060	Major Eye Infections		53	28	N/A	3,740	3,188	N/A	4.1	4.1	N/A
060		Plx1	47	27	N/A	3,694	3,060	N/A	4.0	4.0	N/A
060		Plx2	4	1	N/A	2,561	6,626	N/A	10.3	7.0	N/A
060		Plx3	2	1	N/A	3,792	31,186	N/A	4.5	31.0	N/A
060		Plx4			N/A			N/A			N/A
062	Hyphema		9	4	N/A	2,247	2,718	N/A	2.9	4.3	N/A
062		Plx1	9	4	N/A	2,247	2,718	N/A	2.9	4.3	N/A
062		Plx2			N/A			N/A			N/A
062		Plx3			N/A			N/A			N/A
062		Plx4			N/A			N/A			N/A
063	Other Ophthalmic Diagnoses (MNRH)		98	109	N/A	2,451	3,046	N/A	2.4	3.1	N/A
063		Plx1	88	95	N/A	2,382	2,669	N/A	2.4	2.7	N/A
063		Plx2	6	8	N/A	8,086	4,056	N/A	7.7	4.6	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
063		Pix3	6	2	N/A	2,558	2,428	N/A	3.2	2.5	N/A
063		Pix4	2	1	N/A	21,991	13,781	N/A	5.5	13.0	N/A
075	PWS - Radical Laryngectomy And Glossectomy		56	31	N/A	39,167	32,401	N/A	22.2	18.4	N/A
075		Pix1	16	12	N/A	29,086	22,578	N/A	15.3	16.2	N/A
075		Pix2	13	9	N/A	33,934	31,725	N/A	19.2	17.1	N/A
075		Pix3	10	3	N/A	43,785	31,590	N/A	24.2	14.7	N/A
075		Pix4	19	7	N/A	55,946	50,457	N/A	34.3	25.6	N/A
076	PWS - Major Head And Neck Procedures		157	162	N/A	15,560	18,358	N/A	7.6	9.7	N/A
076		Pix1	106	108	N/A	7,502	11,109	N/A	3.8	6.1	N/A
076		Pix2	18	13	N/A	21,187	30,295	N/A	10.6	15.2	N/A
076		Pix3	10	23	N/A	24,470	26,289	N/A	12.6	15.5	N/A
076		Pix4	19	20	N/A	51,023	50,779	N/A	21.6	24.9	N/A
077	Less Extensive Head And Neck Procedures		225	162	N/A	2,937	3,015	N/A	1.6	1.5	N/A
077		Pix1	215	153	N/A	2,730	2,984	N/A	1.5	1.5	N/A
077		Pix2	9	14	N/A	7 811	7,424	N/A	3.1	4.4	N/A
077		Pix3	4		N/A	6,763		N/A	7.0		N/A
077		Pix4	5	3	N/A	60,768	21,069	N/A	21.4	19.0	N/A
078	Cleft Lip And Palate Repair		160	128	N/A	4,326	4,371	N/A	2.0	1.8	N/A
078		Pix1	158	125	N/A	4,275	4,357	N/A	2.0	1.8	N/A
078		Pix2	4	2	N/A	9,355	7,291	N/A	4.0	2.5	N/A
078		Pix3	1	1	N/A	13,596	3,625	N/A	10.0	2.0	N/A
078		Pix4			N/A			N/A			N/A
081	Salivary Gland Procedures		165	119	N/A	3,799	3,622	N/A	1.5	1.5	N/A
081		Pix1	160	113	N/A	3,748	3,525	N/A	1.5	1.5	N/A
081		Pix2	4	6	N/A	5,161	5,652	N/A	2.0	2.3	N/A
081		Pix3	1	2	N/A	6,487	6,406	N/A	2.0	4.5	N/A
081		Pix4			N/A			N/A			N/A
082	Minor Ear, Nose And Throat Procedures		79	14	N/A	2,162	1,939	N/A	1.4	1.5	N/A
082		Pix1	61	14	N/A	1,772	1,939	N/A	1.0	1.5	N/A
082		Pix2	2	1	N/A	4,625	12,319	N/A	7.5	8.0	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
082		Plx3			N/A			N/A			N/A
082		Plx4	1		N/A	3,492		N/A	5.0		N/A
083	Reconstructive ENT Procedures		353	381	N/A	5,510	5,292	N/A	2.3	2.2	N/A
083		Plx1	347	368	N/A	5,412	5,143	N/A	2.2	2.2	N/A
083		Plx2	3	12	N/A	13,812	9,056	N/A	5.0	4.3	N/A
083		Plx3	4	1	N/A	8,552	11,892	N/A	4.0	5.0	N/A
083		Plx4	1	1	N/A	13,258	8,854	N/A	5.0	2.0	N/A
084	Miscellaneous Ear, Nose And Throat Procedures		105	54	N/A	3,343	2,502	N/A	2.5	1.5	N/A
084		Plx1	101	53	N/A	3,292	2,448	N/A	2.4	1.5	N/A
084		Plx2	3	2	N/A	3,979	12,374	N/A	3.0	7.0	N/A
084		Plx3	2	4	N/A	14,777	8,842	N/A	22.5	9.0	N/A
084		Plx4	4	1	N/A	47,539	25,205	N/A	20.3	17.0	N/A
085	Mastoid Procedures		176	128	N/A	12,668	13,452	N/A	1.3	1.4	N/A
085		Plx1	132	125	N/A	7,401	13,414	N/A	1.0	1.4	N/A
085		Plx2	3	4	N/A	3,856	22,634	N/A	1.7	2.5	N/A
085		Plx3	3		N/A	24,022		N/A	15.0		N/A
085		Plx4	2		N/A	27,740		N/A	17.0		N/A
086	Other Tonsillar Procedures		20	19	N/A	2,638	2,979	N/A	2.4	2.6	N/A
086		Plx1	17	17	N/A	2,387	2,622	N/A	2.4	2.4	N/A
086		Plx2	3	1	N/A	4,057	2,735	N/A	2.0	1.0	N/A
086		Plx3			N/A			N/A			N/A
086		Plx4			N/A			N/A			N/A
087	Sinus Procedures		69	105	N/A	2,783	2,053	N/A	1.4	1.0	N/A
087		Plx1	53	102	N/A	2,123	2,049	N/A	1.0	1.0	N/A
087		Plx2	2	4	N/A	8,804	5,995	N/A	3.5	2.5	N/A
087		Plx3	2	6	N/A	10,610	4,791	N/A	5.0	3.7	N/A
087		Plx4	1		N/A	7,493		N/A	4.0		N/A
088	Ethmoidectomy (MNRH)		185	33	N/A	2,050	2,129	N/A	1.0	1.0	N/A
088		Plx1	183	32	N/A	2,048	2,118	N/A	1.0	1.0	N/A
088		Plx2	2	1	N/A	2,159	2,505	N/A	1.0	1.0	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS w/ Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
088		Plx3	1		N/A	20,890		N/A	26.0		N/A
088		Plx4			N/A			N/A			N/A
089	Dental Extraction Or Restoration (MNRH)		128	77	N/A	2,640	2,522	N/A	1.5	1.4	N/A
089		Plx1	119	72	N/A	2,574	2,472	N/A	1.5	1.4	N/A
089		Plx2	6	3	N/A	2,872	3,768	N/A	1.8	1.7	N/A
089		Plx3	3	2	N/A	4,799	2,450	N/A	2.7	2.0	N/A
089		Plx4	1	1	N/A	6,815	16,100	N/A	8.0	15.0	N/A
090	External And Middle Ear Procedures (MNRH)		78	73	N/A	1,964	1,698	N/A	1.0	1.0	N/A
090		Plx1	78	73	N/A	1,964	1,698	N/A	1.0	1.0	N/A
090		Plx2			N/A			N/A			N/A
090		Plx3			N/A			N/A			N/A
090		Plx4			N/A			N/A			N/A
091	Nasal Procedures (MNRH)		37	22	N/A	1,761	1,800	N/A	1.0	1.0	N/A
091		Plx1	37	22	N/A	1,761	1,800	N/A	1.0	1.0	N/A
091		Plx2			N/A			N/A			N/A
091		Plx3			N/A			N/A			N/A
091		Plx4			N/A			N/A			N/A
092	Myringotomy (MNRH)		21	5	N/A	1,695	2,281	N/A	1.0	2.0	N/A
092		Plx1	18	4	N/A	1,625	2,205	N/A	1.0	2.0	N/A
092		Plx2	2	1	N/A	2,931	2,584	N/A	2.0	2.0	N/A
092		Plx3	3		N/A	6,150		N/A	4.0		N/A
092		Plx4	1		N/A	8,591		N/A	6.0		N/A
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		327	17	N/A	2,010	2,276	N/A	1.0	1.0	N/A
093		Plx1	326	176	N/A	2,009	2,259	N/A	1.0	1.0	N/A
093		Plx2	8	1	N/A	4,666	5,480	N/A	2.8	3.0	N/A
093		Plx3			N/A			N/A			N/A
093		Plx4	3		N/A	16,540		N/A	5.3		N/A
100	ENT Malignancy		55	48	N/A	9,900	6,228	N/A	12.6	8.0	N/A
100		Plx1	33	33	N/A	5,513	3,667	N/A	6.8	4.8	N/A
100		Plx2	7	9	N/A	9,451	10,337	N/A	11.9	15.0	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
100		Pix3	8	4	N/A	13,910	19,926	N/A	20.5	24.5	N/A
100		Pix4	7	4	N/A	27,301	21,365	N/A	33.3	21.3	N/A
101	Acute Suppurative Infections		27	26	N/A	2,973	2,454	N/A	4.0	3.3	N/A
101		Pix1	25	25	N/A	3,057	2,432	N/A	4.1	3.1	N/A
101		Pix2	2		N/A	1,933		N/A	3.0		N/A
101		Pix3			N/A			N/A			N/A
101		Pix4			N/A			N/A			N/A
102	Dysequilibrium		183	170	N/A	2,198	2,344	N/A	3.5	4.0	N/A
102		Pix1	174	156	N/A	2,160	2,176	N/A	3.4	3.6	N/A
102		Pix2	13	6	N/A	4,998	3,053	N/A	8.2	5.2	N/A
102		Pix3	1	1	N/A	3,772	3,688	N/A	6.0	7.0	N/A
102		Pix4			N/A			N/A			N/A
104	Influenza		167	174	N/A	2,470	2,492	N/A	2.7	3.0	N/A
104		Pix1	142	149	N/A	2,168	2,360	N/A	2.5	2.8	N/A
104		Pix2	14	20	N/A	3,448	3,440	N/A	3.7	4.3	N/A
104		Pix3	11	5	N/A	4,210	3,441	N/A	4.0	3.8	N/A
104		Pix4	1	1	N/A	24,156	1,374	N/A	9.0	2.0	N/A
107	Epiglottitis		26	16	N/A	4,423	4,001	N/A	3.0	2.8	N/A
107		Pix1	20	15	N/A	3,412	3,528	N/A	2.7	2.5	N/A
107		Pix2	3		N/A	4,070		N/A	2.0		N/A
107		Pix3	1		N/A	12,542		N/A	4.0		N/A
107		Pix4	2		N/A	11,004		N/A	7.5		N/A
108	Epistaxis		152	125	N/A	2,169	2,003	N/A	3.1	3.3	N/A
108		Pix1	135	111	N/A	2,080	1,829	N/A	3.0	3.1	N/A
108		Pix2	9	8	N/A	2,093	2,288	N/A	3.2	3.6	N/A
108		Pix3	5	3	N/A	3,248	4,946	N/A	5.0	7.3	N/A
108		Pix4	5		N/A	7,282		N/A	10.4		N/A
109	Other ENT Infections		107	109	N/A	2,543	2,535	N/A	3.4	3.0	N/A
109		Pix1	99	94	N/A	2,337	2,351	N/A	3.1	2.9	N/A
109		Pix2	6	7	N/A	4,822	4,221	N/A	5.3	4.0	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
109		Plx3	1	8	N/A	18,160	3,219	N/A	24.0	3.0	N/A
109		Plx4	3		N/A	12,418		N/A	9.7		N/A
113	Sinusitis (MNRH)		29	30	N/A	2,849	2,693	N/A	3.2	3.9	N/A
113		Plx1	27	29	N/A	2,752	2,620	N/A	3.1	3.8	N/A
113		Plx2	2	1	N/A	6,137	4,817	N/A	6.5	5.0	N/A
113		Plx3	1		N/A	6,628		N/A	6.0		N/A
113		Plx4			N/A			N/A			N/A
114	Sore Throat (MNRH)		133	160	N/A	1,790	1,497	N/A	2.4	2.2	N/A
114		Plx1	126	149	N/A	1,736	1,413	N/A	2.3	2.2	N/A
114		Plx2	4	6	N/A	2,299	2,929	N/A	4.3	3.2	N/A
114		Plx3	4	5	N/A	3,401	3,224	N/A	2.8	4.2	N/A
114		Plx4	1	2	N/A	9,760	14,368	N/A	8.0	8.5	N/A
115	Miscellaneous ENT Diagnoses (MNRH)		137	388	N/A	1,930	709	N/A	1.8	1.2	N/A
115		Plx1	75	376	N/A	1,370	576	N/A	1.0	1.2	N/A
115		Plx2	25	11	N/A	7,142	5,326	N/A	8.0	3.5	N/A
115		Plx3	15	11	N/A	9,243	7,171	N/A	10.1	7.1	N/A
115		Plx4	9	5	N/A	17,222	13,418	N/A	13.7	4.4	N/A
116	Croup (MNRH)		101	184	N/A	1,412	1,496	N/A	1.3	1.5	N/A
116		Plx1	99	180	N/A	1,424	1,474	N/A	1.4	1.4	N/A
116		Plx2	2	4	N/A	830	2,495	N/A	1.0	3.3	N/A
116		Plx3	1	1	N/A	4,202	11,011	N/A	5.0	5.0	N/A
116		Plx4			N/A			N/A			N/A
125	Tracheostomy		128	102	N/A	102,245	111,479	N/A	47.3	51.8	N/A
125		Plx1	13	3	N/A	8,119	6,465	N/A	5.6	7.7	N/A
125		Plx2	2	1	N/A	21,367	75,583	N/A	11.0	30.0	N/A
125		Plx3	4	2	N/A	33,578	54,303	N/A	17.3	30.0	N/A
125		Plx4	106	96	N/A	117,185	116,325	N/A	53.2	53.9	N/A
126	PWS - Resection Of Lung		342	237	N/A	10,156	11,960	N/A	6.8	7.9	N/A
126		Plx1	228	158	N/A	9,292	10,023	N/A	6.0	6.8	N/A
126		Plx2	51	39	N/A	10,904	12,349	N/A	7.9	9.0	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
126		Pts3	45	28	N/A	12,058	16,124	N/A	8.7	11.5	N/A
126		Pts4	25	17	N/A	20,267	32,390	N/A	13.0	17.4	N/A
127	Major Respiratory Procedures		453	521	N/A	12,459	11,677	N/A	10.8	9.5	N/A
127		Pts1	234	304	N/A	7,927	7,392	N/A	8.0	6.4	N/A
127		Pts2	82	103	N/A	11,441	11,621	N/A	11.8	11.1	N/A
127		Pts3	66	48	N/A	13,610	13,082	N/A	13.3	14.4	N/A
127		Pts4	77	75	N/A	33,755	35,253	N/A	19.9	23.3	N/A
128	Minor Respiratory Procedures		83	67	N/A	6,952	9,681	N/A	4.3	5.4	N/A
128		Pts1	61	48	N/A	6,789	7,575	N/A	4.0	3.9	N/A
128		Pts2	14	7	N/A	7,497	15,572	N/A	4.5	12.4	N/A
128		Pts3	6	6	N/A	5,607	6,957	N/A	4.2	6.0	N/A
128		Pts4	5	6	N/A	55,531	23,791	N/A	27.8	10.7	N/A
129	Other Respiratory Procedures		161	210	N/A	4,308	3,750	N/A	2.7	2.3	N/A
129		Pts1	121	176	N/A	3,203	3,152	N/A	1.3	1.4	N/A
129		Pts2	17	11	N/A	7,241	7,235	N/A	7.5	8.5	N/A
129		Pts3	8	12	N/A	7,193	12,584	N/A	9.0	16.3	N/A
129		Pts4	9	11	N/A	27,820	28,507	N/A	18.9	23.5	N/A
135	Tuberculosis		39	41	N/A	9,806	11,884	N/A	17.9	22.0	N/A
135		Pts1	28	35	N/A	8,736	11,936	N/A	16.1	22.6	N/A
135		Pts2	6	4	N/A	24,741	8,409	N/A	48.5	12.8	N/A
135		Pts3	5	2	N/A	8,584	17,915	N/A	16.0	30.0	N/A
135		Pts4	2		N/A	26,264		N/A	48.0		N/A
136	Respiratory Failure		332	335	N/A	13,272	14,074	N/A	9.8	10.1	N/A
136		Pts1	86	77	N/A	7,247	6,890	N/A	7.1	7.8	N/A
136		Pts2	70	78	N/A	8,648	7,999	N/A	8.3	8.5	N/A
136		Pts3	72	54	N/A	10,145	8,864	N/A	9.8	6.9	N/A
136		Pts4	106	123	N/A	23,711	24,531	N/A	13.5	13.8	N/A
137	Respiratory Infections And Inflammations		617	547	N/A	8,644	10,040	N/A	9.0	9.6	N/A
137		Pts1	289	231	N/A	5,382	6,302	N/A	6.9	7.1	N/A
137		Pts2	109	103	N/A	7,926	8,143	N/A	10.1	9.9	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
137		Plx3	109	91	N/A	9,922	11,463	N/A	11.3	12.3	N/A
137		Plx4	122	132	N/A	18,830	21,922	N/A	14.2	14.6	N/A
138	Respiratory Neoplasms		683	579	N/A	8,090	8,228	N/A	10.8	11.1	N/A
138		Plx1	276	219	N/A	5,827	6,186	N/A	7.8	8.3	N/A
138		Plx2	190	180	N/A	8,224	8,332	N/A	11.8	12.5	N/A
138		Plx3	138	109	N/A	9,547	10,102	N/A	12.4	14.0	N/A
138		Plx4	74	74	N/A	13,575	12,910	N/A	15.6	14.0	N/A
139	Interstitial Disease		139	142	N/A	7,899	7,543	N/A	9.8	7.8	N/A
139		Plx1	60	66	N/A	4,860	3,904	N/A	6.8	5.1	N/A
139		Plx2	31	24	N/A	5,333	6,024	N/A	7.6	8.8	N/A
139		Plx3	23	30	N/A	7,934	7,706	N/A	12.5	9.3	N/A
139		Plx4	22	27	N/A	18,739	23,126	N/A	17.5	18.1	N/A
140	Chronic Obstructive Pulmonary Disease (COPD)		614	234	N/A	6,001	5,113	N/A	7.8	7.6	N/A
140		Plx1	147	122	N/A	3,924	3,960	N/A	6.2	6.5	N/A
140		Plx2	242	65	N/A	4,291	4,901	N/A	6.6	8.2	N/A
140		Plx3	133	27	N/A	7,482	7,833	N/A	10.6	10.5	N/A
140		Plx4	101	27	N/A	13,218	12,507	N/A	12.2	15.9	N/A
141	Pulmonary Edema		92	92	N/A	11,502	8,135	N/A	6.8	6.7	N/A
141		Plx1	35	42	N/A	3,853	4,157	N/A	4.3	4.1	N/A
141		Plx2	15	20	N/A	5,968	7,137	N/A	5.2	6.0	N/A
141		Plx3	11	15	N/A	13,488	10,710	N/A	11.5	10.1	N/A
141		Plx4	37	21	N/A	30,900	29,958	N/A	12.7	19.3	N/A
142	Chronic Bronchitis		1,560	1,682	N/A	4,663	4,454	N/A	6.9	6.6	N/A
142		Plx1	943	1,023	N/A	3,478	3,266	N/A	5.7	5.5	N/A
142		Plx2	322	370	N/A	4,833	4,784	N/A	7.7	7.5	N/A
142		Plx3	207	205	N/A	7,629	7,072	N/A	11.0	9.9	N/A
142		Plx4	104	114	N/A	13,600	15,450	N/A	14.1	15.1	N/A
143	Simple Pneumonia And Pleurisy		2,879	3,133	N/A	4,705	4,470	N/A	5.9	5.7	N/A
143		Plx1	1,915	2,026	N/A	3,331	3,233	N/A	4.6	4.6	N/A
143		Plx2	479	553	N/A	5,496	5,178	N/A	7.8	7.5	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
143		Pix3	287	365	N/A	8,043	7,680	N/A	10.0	9.9	N/A
143		Pix4	234	289	N/A	15,940	15,684	N/A	13.5	13.3	N/A
144	Pneumothorax		155	184	N/A	3,296	3,414	N/A	4.2	4.7	N/A
144		Pix1	128	151	N/A	2,687	2,977	N/A	3.6	4.3	N/A
144		Pix2	14	23	N/A	4,508	5,039	N/A	6.4	6.5	N/A
144		Pix3	11	10	N/A	8,326	9,355	N/A	9.5	10.9	N/A
144		Pix4	3	5	N/A	19,651	11,093	N/A	15.3	15.0	N/A
145	Tracheobronchitis		968	667	N/A	3,371	3,146	N/A	3.2	3.2	N/A
145		Pix1	879	592	N/A	3,235	3,146	N/A	3.1	3.2	N/A
145		Pix2	88	78	N/A	5,649	4,706	N/A	5.8	5.3	N/A
145		Pix3	29	24	N/A	9,356	5,879	N/A	7.9	6.1	N/A
145		Pix4	21	19	N/A	30,866	44,035	N/A	15.4	16.6	N/A
146	Asthma		1,088	1,174	N/A	2,359	2,500	N/A	2.4	2.9	N/A
146		Pix1	1,010	1,005	N/A	2,234	2,228	N/A	2.4	2.6	N/A
146		Pix2	69	128	N/A	4,217	3,440	N/A	4.4	4.5	N/A
146		Pix3	26	40	N/A	5,903	5,735	N/A	5.2	5.6	N/A
146		Pix4	13	14	N/A	20,010	17,725	N/A	11.4	8.8	N/A
147	Other Respiratory Diagnoses		544	615	N/A	4,317	3,576	N/A	4.4	3.6	N/A
147		Pix1	379	461	N/A	3,377	2,473	N/A	3.5	2.8	N/A
147		Pix2	91	71	N/A	5,203	4,008	N/A	5.8	4.5	N/A
147		Pix3	46	60	N/A	5,826	7,208	N/A	6.5	8.1	N/A
147		Pix4	32	34	N/A	15,521	28,850	N/A	9.9	13.4	N/A
175	PWS - Heart Or Lung Transplant		67	68	N/A	77,488	80,854	N/A	29.0	33.3	N/A
175		Pix1	8	3	N/A	36,830	45,743	N/A	12.8	18.7	N/A
175		Pix2	10	8	N/A	47,455	43,351	N/A	19.5	17.1	N/A
175		Pix3	14	13	N/A	47,051	47,333	N/A	19.3	19.1	N/A
175		Pix4	43	43	N/A	142,218	100,009	N/A	62.0	42.4	N/A
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		56	38	N/A	47,787	42,934	N/A	25.1	25.4	N/A
176		Pix1	13	4	N/A	27,840	23,693	N/A	17.9	11.5	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
176		Pix2	16	12	N/A	32,582	34,014	N/A	22.2	21.8	N/A
176		Pix3	6	6	N/A	40,705	38,079	N/A	26.0	23.3	N/A
176		Pix4	22	17	N/A	83,613	58,895	N/A	34.7	35.1	N/A
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		460	415	N/A	23,048	23,315	N/A	8.4	9.0	N/A
177		Pix1	225	159	N/A	18,558	17,882	N/A	6.5	6.4	N/A
177		Pix2	102	114	N/A	22,366	22,289	N/A	9.0	8.9	N/A
177		Pix3	72	79	N/A	28,147	27,017	N/A	11.2	12.1	N/A
177		Pix4	83	86	N/A	43,127	48,510	N/A	16.3	19.1	N/A
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		321	309	N/A	31,088	30,169	N/A	17.9	18.6	N/A
178		Pix1	79	34	N/A	25,753	22,068	N/A	15.7	15.4	N/A
178		Pix2	105	133	N/A	25,733	23,759	N/A	16.3	16.3	N/A
178		Pix3	78	68	N/A	30,685	32,407	N/A	19.3	19.9	N/A
178		Pix4	62	77	N/A	51,999	46,617	N/A	23.6	24.8	N/A
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		1,384	1,377	N/A	17,599	17,007	N/A	7.8	8.0	N/A
179		Pix1	616	373	N/A	14,554	13,458	N/A	5.9	5.6	N/A
179		Pix2	411	567	N/A	17,128	15,877	N/A	8.0	7.9	N/A
179		Pix3	221	285	N/A	21,224	19,122	N/A	10.4	9.3	N/A
179		Pix4	144	163	N/A	39,332	33,970	N/A	16.0	15.7	N/A
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		17	25	N/A	47,742	72,688	N/A	19.6	22.0	N/A
181		Pix1	2	1	N/A	13,451	19,552	N/A	10.0	18.0	N/A
181		Pix2	4	4	N/A	29,885	19,276	N/A	16.0	11.8	N/A
181		Pix3	4	1	N/A	33,062	71,577	N/A	19.5	30.0	N/A
181		Pix4	7	20	N/A	76,132	89,531	N/A	24.6	26.9	N/A
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		285	291	N/A	20,862	21,744	N/A	7.4	7.7	N/A
182		Pix1	130	105	N/A	14,890	15,544	N/A	5.3	5.5	N/A
182		Pix2	49	63	N/A	18,938	18,009	N/A	6.8	6.9	N/A
182		Pix3	43	50	N/A	21,721	20,503	N/A	8.1	7.4	N/A

N/A – Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pt Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
182		Plx4	67	76	N/A	42,410	41,050	N/A	13.9	13.6	N/A
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		113	81	N/A	17,422	22,575	N/A	7.6	11.1	N/A
183		Plx1	34	12	N/A	7,754	10,635	N/A	2.5	6.3	N/A
183		Plx2	19	20	N/A	12,806	19,478	N/A	7.2	13.1	N/A
183		Plx3	17	14	N/A	15,368	19,992	N/A	8.8	9.4	N/A
183		Plx4	44	36	N/A	30,018	29,792	N/A	13.5	14.0	N/A
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		88	121	N/A	16,166	20,170	N/A	9.2	11.2	N/A
184		Plx1	28	32	N/A	9,497	13,824	N/A	4.9	8.6	N/A
184		Plx2	19	25	N/A	12,398	13,002	N/A	8.4	7.9	N/A
184		Plx3	20	20	N/A	16,399	19,580	N/A	10.8	11.5	N/A
184		Plx4	24	45	N/A	36,219	32,337	N/A	19.7	16.4	N/A
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		218	214	N/A	31,384	37,109	N/A	9.9	11.2	N/A
185		Plx1	67	74	N/A	31,140	34,827	N/A	7.1	6.6	N/A
185		Plx2	61	73	N/A	26,319	34,913	N/A	9.1	9.4	N/A
185		Plx3	43	41	N/A	30,037	36,535	N/A	11.2	14.2	N/A
185		Plx4	29	25	N/A	45,754	51,149	N/A	20.7	23.9	N/A
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		673	633	N/A	14,380	17,176	N/A	5.5	5.2	N/A
186		Plx1	468	457	N/A	12,520	15,698	N/A	4.0	3.7	N/A
186		Plx2	118	99	N/A	18,213	21,193	N/A	8.8	8.8	N/A
186		Plx3	68	58	N/A	18,608	21,831	N/A	9.8	9.5	N/A
186		Plx4	29	29	N/A	27,522	27,169	N/A	14.0	16.1	N/A
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1,391	1,104	N/A	10,236	10,840	N/A	4.6	4.5	N/A
188		Plx1	968	727	N/A	9,635	10,044	N/A	4.0	3.8	N/A
188		Plx2	254	240	N/A	10,516	11,571	N/A	5.5	5.7	N/A
188		Plx3	140	99	N/A	13,128	13,363	N/A	7.8	7.2	N/A
188		Plx4	68	63	N/A	23,900	21,266	N/A	14.5	11.3	N/A
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		862	1,166	N/A	7,259	8,294	N/A	1.3	2.4	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
189		Pts1	428	384	N/A	7,210	7,227	N/A	1.0	1.0	N/A
189		Pts2	417	621	N/A	7,896	8,677	N/A	2.3	2.9	N/A
189		Pts3	46	74	N/A	11,926	10,663	N/A	7.4	6.0	N/A
189		Pts4	13	18	N/A	17,089	23,525	N/A	12.4	12.9	N/A
191	Temporary Cardiac Pacemaker		32	40	N/A	13,355	9,979	N/A	8.9	7.0	N/A
191		Pts1	12	10	N/A	8,429	6,375	N/A	6.2	3.4	N/A
191		Pts2	4	7	N/A	16,823	7,701	N/A	8.5	4.9	N/A
191		Pts3	4	7	N/A	18,915	9,448	N/A	17.0	6.7	N/A
191		Pts4	12	16	N/A	15,273	15,118	N/A	9.1	11.4	N/A
193	Cardiac Pacemaker Device Replacement Or Revision		37	115	N/A	11,651	14,160	N/A	1.7	2.3	N/A
193		Pts1	32	91	N/A	11,663	11,772	N/A	1.6	1.5	N/A
193		Pts2	9	7	N/A	18,395	27,858	N/A	8.9	7.4	N/A
193		Pts3	3	9	N/A	13,941	27,977	N/A	8.7	9.4	N/A
193		Pts4	2	1	N/A	17,501	37,011	N/A	21.0	21.0	N/A
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		221	189	N/A	5,119	5,591	N/A	2.3	2.1	N/A
194		Pts1	170	150	N/A	3,941	4,136	N/A	1.2	1.3	N/A
194		Pts2	21	19	N/A	8,417	8,123	N/A	4.9	4.7	N/A
194		Pts3	7	4	N/A	10,019	10,495	N/A	5.4	7.0	N/A
194		Pts4	7	10	N/A	25,024	46,758	N/A	14.9	21.7	N/A
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		74	78	N/A	9,076	10,009	N/A	6.8	5.5	N/A
200		Pts1	17	20	N/A	5,845	4,858	N/A	5.9	3.6	N/A
200		Pts2	16	17	N/A	7,287	8,414	N/A	5.0	6.1	N/A
200		Pts3	20	11	N/A	9,924	8,973	N/A	6.9	4.0	N/A
200		Pts4	20	30	N/A	12,578	15,543	N/A	8.1	7.7	N/A
201	AMI With Cardiac Cath With Congestive Heart Failure		120	85	N/A	12,393	13,150	N/A	11.7	11.4	N/A
201		Pts1	67	53	N/A	10,201	11,358	N/A	9.7	10.6	N/A
201		Pts2	18	16	N/A	13,799	17,987	N/A	14.4	14.4	N/A
201		Pts3	23	11	N/A	13,918	13,578	N/A	12.1	11.4	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts. Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
201		Plx4	11	5	N/A	19,170	15,729	N/A	16.3	11.2	N/A
202	AMI With Cardiac Cath With Ventricular Tachycardia		16	21	N/A	10,965	10,137	N/A	9.4	7.6	N/A
202		Plx1	12	15	N/A	10,354	8,711	N/A	9.2	6.9	N/A
202		Plx2	1	3	N/A	13,337	16,046	N/A	11.0	9.0	N/A
202		Plx3	2	2	N/A	10,404	10,895	N/A	6.5	9.0	N/A
202		Plx4	1	1	N/A	17,052	12,273	N/A	16.0	11.0	N/A
203	AMI With Cardiac Cath With Angina		52	55	N/A	8,017	10,015	N/A	7.5	9.2	N/A
203		Plx1	45	44	N/A	7,883	9,548	N/A	7.2	8.4	N/A
203		Plx2	3	8	N/A	8,700	11,936	N/A	11.3	14.4	N/A
203		Plx3	3	2	N/A	10,173	12,706	N/A	9.3	10.5	N/A
203		Plx4	1	1	N/A	5,550	9,816	N/A	4.0	3.0	N/A
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		534	345	N/A	8,355	9,634	N/A	8.1	7.7	N/A
204		Plx1	471	304	N/A	7,858	9,255	N/A	7.6	7.2	N/A
204		Plx2	32	17	N/A	11,694	9,201	N/A	11.5	8.5	N/A
204		Plx3	21	16	N/A	11,930	14,922	N/A	13.0	13.3	N/A
204		Plx4	9	5	N/A	17,466	14,509	N/A	11.0	10.0	N/A
205	AMI Without Cardiac Cath With Congestive Heart Failure		219	218	N/A	8,280	9,556	N/A	9.0	9.5	N/A
205		Plx1	121	119	N/A	6,223	7,906	N/A	6.8	8.1	N/A
205		Plx2	42	36	N/A	10,822	9,924	N/A	12.1	9.4	N/A
205		Plx3	30	40	N/A	10,911	9,945	N/A	13.4	10.2	N/A
205		Plx4	32	24	N/A	15,448	18,753	N/A	15.1	17.0	N/A
206	AMI Without Cardiac Cath With Ventricular Tachycardia		30	53	N/A	6,712	7,620	N/A	5.0	7.1	N/A
206		Plx1	18	31	N/A	6,673	6,376	N/A	5.3	6.4	N/A
206		Plx2	3	13	N/A	4,040	10,457	N/A	5.7	8.5	N/A
206		Plx3	4	5	N/A	4,721	6,828	N/A	2.3	7.4	N/A
206		Plx4	5	4	N/A	10,350	9,026	N/A	7.4	7.5	N/A
207	AMI Without Cardiac Cath With Angina		25	49	N/A	5,140	6,136	N/A	5.6	5.7	N/A
207		Plx1	19	41	N/A	3,815	5,673	N/A	4.3	5.3	N/A
207		Plx2	5	5	N/A	8,653	7,289	N/A	9.2	7.2	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
207		Plx3			N/A			N/A			N/A
207		Plx4	1		N/A	12,751		N/A	13.0		N/A
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		709	893	N/A	4,983	5,509	N/A	4.5	5.2	N/A
208		Plx1	580	766	N/A	4,546	5,285	N/A	4.2	5.1	N/A
208		Plx2	42	60	N/A	6,832	8,140	N/A	7.3	8.0	N/A
208		Plx3	58	51	N/A	6,652	7,203	N/A	6.3	6.7	N/A
208		Plx4	32	41	N/A	9,991	15,185	N/A	6.3	9.7	N/A
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		12	11	N/A	10,150	9,620	N/A	10.3	9.2	N/A
210		Plx1	9	8	N/A	8,906	9,490	N/A	9.1	8.5	N/A
210		Plx2	1	1	N/A	5,414	4,783	N/A	5.0	6.0	N/A
210		Plx3	1	1	N/A	26,352	12,641	N/A	26.0	17.0	N/A
210		Plx4	1	2	N/A	9,886	26,611	N/A	11.0	19.5	N/A
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		168	81	N/A	6,279	9,425	N/A	6.9	8.3	N/A
211		Plx1	155	76	N/A	5,827	9,248	N/A	6.6	8.1	N/A
211		Plx2	6	3	N/A	7,915	8,109	N/A	8.5	9.3	N/A
211		Plx3	4	1	N/A	14,330	8,324	N/A	10.3	6.0	N/A
211		Plx4	3	1	N/A	24,913	27,882	N/A	27.3	23.0	N/A
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		32	35	N/A	5,542	6,612	N/A	6.4	6.2	N/A
212		Plx1	26	30	N/A	4,535	6,287	N/A	5.6	5.9	N/A
212		Plx2	1	4	N/A	15,814	8,237	N/A	11.0	6.0	N/A
212		Plx3	5	1	N/A	11,469	27,478	N/A	13.0	26.0	N/A
212		Plx4	4		N/A	24,819		N/A	32.8		N/A
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		306	253	N/A	3,281	3,532	N/A	3.7	3.7	N/A
213		Plx1	286	243	N/A	3,180	3,497	N/A	3.6	3.7	N/A
213		Plx2	20	10	N/A	5,076	4,048	N/A	6.5	6.9	N/A
213		Plx3	3		N/A	15,600		N/A	16.0		N/A
213		Plx4	4	3	N/A	7,879	9,213	N/A	5.5	9.0	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pt Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
215	Cardiac Cath With Congestive Heart Failure		215	211	N/A	10,985	11,467	N/A	12.3	11.5	N/A
215		Pix1	154	148	N/A	9,158	9,456	N/A	10.9	10.0	N/A
215		Pix2	32	24	N/A	13,148	13,496	N/A	14.8	13.1	N/A
215		Pix3	14	21	N/A	15,166	15,084	N/A	14.5	15.4	N/A
215		Pix4	18	20	N/A	25,147	23,784	N/A	25.2	19.7	N/A
216	Cardiac Cath With Ventricular Tachycardia		93	96	N/A	8,507	8,290	N/A	9.0	7.7	N/A
216		Pix1	74	88	N/A	7,548	7,588	N/A	8.4	7.4	N/A
216		Pix2	13	5	N/A	10,321	10,189	N/A	10.2	9.4	N/A
216		Pix3	5	2	N/A	11,641	27,754	N/A	11.4	24.5	N/A
216		Pix4	2	2	N/A	31,917	27,906	N/A	35.5	15.5	N/A
217	Cardiac Cath With Unstable Angina		316	288	N/A	6,280	7,247	N/A	6.9	6.8	N/A
217		Pix1	285	261	N/A	5,931	6,857	N/A	6.6	6.3	N/A
217		Pix2	18	16	N/A	8,031	11,430	N/A	9.2	10.8	N/A
217		Pix3	5	9	N/A	10,372	11,217	N/A	10.0	14.9	N/A
217		Pix4	6	1	N/A	12,537	7,568	N/A	13.3	12.0	N/A
218	Cardiac Cath Without Specified Cardiac Conditions		719	560	N/A	4,931	5,092	N/A	4.7	4.2	N/A
218		Pix1	674	520	N/A	4,702	4,969	N/A	4.6	4.1	N/A
218		Pix2	35	30	N/A	8,638	6,324	N/A	6.1	5.6	N/A
218		Pix3	9	14	N/A	7,627	11,111	N/A	10.6	9.9	N/A
218		Pix4	3	2	N/A	9,365	16,893	N/A	13.3	22.0	N/A
219	Endocarditis		59	51	N/A	14,387	12,788	N/A	17.3	15.3	N/A
219		Pix1	21	15	N/A	8,912	6,334	N/A	14.3	10.5	N/A
219		Pix2	2	7	N/A	10,338	12,458	N/A	15.5	14.9	N/A
219		Pix3	17	12	N/A	11,458	10,846	N/A	12.9	13.3	N/A
219		Pix4	18	17	N/A	22,730	19,989	N/A	22.9	21.1	N/A
220	Pulmonary Embolism		440	426	N/A	5,083	4,634	N/A	7.0	6.2	N/A
220		Pix1	256	255	N/A	3,866	3,781	N/A	5.7	5.7	N/A
220		Pix2	117	115	N/A	6,107	4,748	N/A	8.2	6.1	N/A
220		Pix3	49	39	N/A	7,946	7,413	N/A	11.2	9.7	N/A
220		Pix4	25	21	N/A	13,267	12,355	N/A	14.2	9.4	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
222	Heart Failure		1,725	1,805	N/A	5,826	5,945	N/A	8.4	8.4	N/A
222		Pix1	1,058	1,113	N/A	4,497	4,431	N/A	6.9	6.8	N/A
222		Pix2	323	307	N/A	6,811	6,247	N/A	10.6	9.4	N/A
222		Pix3	220	209	N/A	8,759	8,509	N/A	12.8	12.0	N/A
222		Pix4	196	219	N/A	16,997	17,350	N/A	21.6	19.9	N/A
225	Hypertensive Heart Disease		34	71	N/A	5,808	5,684	N/A	8.4	8.2	N/A
225		Pix1	9	43	N/A	4,633	3,882	N/A	6.0	5.7	N/A
225		Pix2	20	10	N/A	6,036	6,754	N/A	9.4	11.2	N/A
225		Pix3	5	10	N/A	10,116	9,455	N/A	12.8	11.0	N/A
225		Pix4	1	9	N/A	10,323	12,234	N/A	11.0	17.7	N/A
226	Other Circulatory Diagnoses		480	482	N/A	4,540	5,535	N/A	5.0	6.0	N/A
226		Pix1	326	308	N/A	3,637	3,752	N/A	4.0	4.4	N/A
226		Pix2	99	80	N/A	6,151	6,473	N/A	7.2	7.6	N/A
226		Pix3	45	51	N/A	8,465	8,183	N/A	9.2	10.5	N/A
226		Pix4	27	50	N/A	14,256	19,000	N/A	17.6	13.9	N/A
229	Atherosclerosis (MNRH)		502	999	N/A	4,019	4,664	N/A	5.1	6.2	N/A
229		Pix1	381	820	N/A	3,320	4,203	N/A	4.2	5.7	N/A
229		Pix2	65	126	N/A	5,731	6,699	N/A	7.2	8.7	N/A
229		Pix3	41	41	N/A	9,135	8,838	N/A	11.7	11.3	N/A
229		Pix4	16	19	N/A	13,420	15,662	N/A	15.7	13.9	N/A
232	Acquired Valvular Disorders (MNRH)		54	58	N/A	4,432	6,062	N/A	5.9	8.3	N/A
232		Pix1	27	38	N/A	3,514	4,275	N/A	4.9	6.3	N/A
232		Pix2	20	13	N/A	4,612	8,268	N/A	5.8	13.5	N/A
232		Pix3	8	5	N/A	13,622	6,603	N/A	22.6	7.4	N/A
232		Pix4	4	2	N/A	32,413	24,310	N/A	31.0	16.0	N/A
233	Hypertension (MNRH)		126	127	N/A	2,784	2,742	N/A	3.8	4.1	N/A
233		Pix1	101	102	N/A	2,479	2,411	N/A	3.4	3.7	N/A
233		Pix2	18	19	N/A	4,563	3,787	N/A	5.5	5.9	N/A
233		Pix3	7	5	N/A	4,747	4,364	N/A	6.4	8.0	N/A
233		Pix4	5	4	N/A	10,981	18,035	N/A	13.6	16.5	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
234	Congenital Cardiac Disorders (MNRH)		21	27	N/A	7,790	10,810	N/A	4.9	5.4	N/A
234		Pix1	9	10	N/A	4,045	5,048	N/A	4.1	3.2	N/A
234		Pix2	7	10	N/A	6,585	5,496	N/A	5.1	4.3	N/A
234		Pix3	3	4	N/A	13,806	12,605	N/A	15.0	13.0	N/A
234		Pix4	3	4	N/A	21,405	39,164	N/A	3.0	11.8	N/A
235	Angina Pectoris		122	135	N/A	2,282	2,926	N/A	2.9	3.4	N/A
235		Pix1	105	124	N/A	2,144	2,826	N/A	2.7	3.3	N/A
235		Pix2	16	11	N/A	3,444	4,612	N/A	4.3	5.7	N/A
235		Pix3	3	4	N/A	4,734	6,160	N/A	8.0	9.3	N/A
235		Pix4			N/A			N/A			N/A
237	Arrhythmia		1,110	1,162	N/A	3,890	4,035	N/A	4.7	5.0	N/A
237		Pix1	800	849	N/A	3,097	3,238	N/A	3.7	4.0	N/A
237		Pix2	203	196	N/A	5,671	5,082	N/A	7.6	7.0	N/A
237		Pix3	83	82	N/A	7,825	8,515	N/A	9.4	9.7	N/A
237		Pix4	34	38	N/A	9,291	13,360	N/A	9.4	12.9	N/A
240	Syncope And Collapse		284	287	N/A	2,883	2,956	N/A	4.1	4.2	N/A
240		Pix1	252	255	N/A	2,762	2,833	N/A	3.9	4.1	N/A
240		Pix2	23	18	N/A	4,618	3,718	N/A	7.5	4.7	N/A
240		Pix3	16	11	N/A	6,564	4,934	N/A	9.4	6.5	N/A
240		Pix4	1	5	N/A	18,744	12,632	N/A	14.0	15.0	N/A
242	Chest Pain		986	1,040	N/A	2,329	2,363	N/A	2.6	2.7	N/A
242		Pix1	912	967	N/A	2,266	2,313	N/A	2.5	2.6	N/A
242		Pix2	67	69	N/A	3,556	3,261	N/A	4.2	4.2	N/A
242		Pix3	23	12	N/A	6,348	4,239	N/A	7.6	5.7	N/A
242		Pix4	6	1	N/A	5,045	3,084	N/A	7.2	5.0	N/A
250	Extensive Gastrointestinal Procedures		70	44	N/A	22,393	24,697	N/A	14.8	18.3	N/A
250		Pix1	27	10	N/A	12,165	18,467	N/A	9.0	12.6	N/A
250		Pix2	11	10	N/A	20,534	20,372	N/A	13.5	15.6	N/A
250		Pix3	7	7	N/A	21,513	18,942	N/A	17.0	16.4	N/A
250		Pix4	26	19	N/A	37,451	40,006	N/A	22.6	29.7	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
251	Gastrostomy And Colostomy Procedures		1,125	760	N/A	18,363	21,188	N/A	15.5	17.3	N/A
251		Pix1	547	276	N/A	11,543	11,759	N/A	11.0	11.7	N/A
251		Pix2	134	80	N/A	15,366	14,568	N/A	15.1	13.9	N/A
251		Pix3	166	123	N/A	17,907	17,574	N/A	17.2	17.0	N/A
251		Pix4	321	308	N/A	46,300	43,539	N/A	33.0	31.0	N/A
252	Major Esophageal, Stomach And Duodenum Procedures		66	69	N/A	19,280	14,699	N/A	13.9	13.4	N/A
252		Pix1	38	37	N/A	12,165	11,929	N/A	11.0	11.1	N/A
252		Pix2	4	10	N/A	11,142	13,500	N/A	11.3	13.7	N/A
252		Pix3	7	10	N/A	14,390	21,306	N/A	11.0	21.9	N/A
252		Pix4	18	18	N/A	45,654	39,235	N/A	27.6	29.6	N/A
253	Major Intestinal And Rectal Procedures		1,287	1,799	N/A	10,730	10,552	N/A	10.1	10.1	N/A
253		Pix1	829	1,119	N/A	8,772	8,615	N/A	8.5	8.5	N/A
253		Pix2	129	241	N/A	11,927	11,332	N/A	12.3	11.4	N/A
253		Pix3	173	249	N/A	12,366	13,308	N/A	11.7	13.1	N/A
253		Pix4	167	228	N/A	24,109	24,179	N/A	19.0	19.6	N/A
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		542	597	N/A	7,674	6,455	N/A	6.5	5.4	N/A
255		Pix1	425	493	N/A	6,701	5,321	N/A	5.7	4.6	N/A
255		Pix2	51	42	N/A	12,058	8,507	N/A	9.6	7.6	N/A
255		Pix3	42	43	N/A	9,227	14,085	N/A	8.9	13.2	N/A
255		Pix4	36	45	N/A	20,276	31,085	N/A	14.8	19.6	N/A
258	Laparotomy		521	540	N/A	7,881	7,133	N/A	7.5	7.1	N/A
258		Pix1	369	384	N/A	6,094	5,653	N/A	6.1	5.8	N/A
258		Pix2	65	55	N/A	10,612	8,149	N/A	10.8	9.1	N/A
258		Pix3	47	52	N/A	13,072	11,138	N/A	13.5	11.2	N/A
258		Pix4	52	60	N/A	22,133	21,789	N/A	16.4	15.7	N/A
260	Less Extensive Intestinal And Rectal Procedures		156	45	N/A	3,332	5,840	N/A	3.3	5.0	N/A
260		Pix1	137	33	N/A	2,937	4,987	N/A	2.8	4.2	N/A
260		Pix2	10	6	N/A	5,567	9,808	N/A	6.9	8.0	N/A
260		Pix3	9	3	N/A	6,099	6,362	N/A	7.2	6.7	N/A
260		Pix4	3	4	N/A	46,355	7,733	N/A	36.3	9.0	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
261	Complicated Appendectomy		587	659	N/A	4,618	4,583	N/A	4.5	4.4	N/A
261		Pix1	511	578	N/A	4,324	4,244	N/A	4.2	4.1	N/A
261		Pix2	29	45	N/A	7,167	6,673	N/A	7.2	5.8	N/A
261		Pix3	33	34	N/A	6,066	9,593	N/A	6.4	8.9	N/A
261		Pix4	8	13	N/A	6,401	9,965	N/A	6.3	10.2	N/A
262	Simple Appendectomy		1,298	1,297	N/A	2,888	2,794	N/A	2.3	2.3	N/A
262		Pix1	1,268	1,260	N/A	2,851	2,752	N/A	2.3	2.3	N/A
262		Pix2	25	33	N/A	4,979	4,588	N/A	3.8	4.1	N/A
262		Pix3	14	12	N/A	5,237	4,813	N/A	5.4	4.9	N/A
262		Pix4	3	7	N/A	9,262	8,321	N/A	8.3	9.1	N/A
264	Minor Gastrointestinal Procedures		68	67	N/A	4,214	3,820	N/A	2.9	2.9	N/A
264		Pix1	59	61	N/A	3,737	3,774	N/A	2.6	2.9	N/A
264		Pix2	5	5	N/A	6,682	6,132	N/A	4.6	5.6	N/A
264		Pix3			N/A			N/A			N/A
264		Pix4	2	2	N/A	8,150	67,040	N/A	5.0	53.0	N/A
265	Abdominal Laparoscopy		38	47	N/A	2,851	3,584	N/A	2.4	3.7	N/A
265		Pix1	37	42	N/A	2,763	3,324	N/A	2.3	3.3	N/A
265		Pix2			N/A			N/A			N/A
265		Pix3	1	3	N/A	6,125	16,741	N/A	5.0	16.3	N/A
265		Pix4			N/A			N/A			N/A
266	Anus And Stomal Procedures (MNRH)		276	449	N/A	2,379	2,283	N/A	2.2	2.1	N/A
266		Pix1	257	412	N/A	2,305	2,162	N/A	2.0	2.0	N/A
266		Pix2	18	39	N/A	3,959	4,342	N/A	4.6	4.9	N/A
266		Pix3	5	9	N/A	3,752	8,516	N/A	6.0	10.0	N/A
266		Pix4	1	7	N/A	25,703	17,580	N/A	48.0	21.6	N/A
269	Bilateral Hernia Procedures		813	875	N/A	3,212	3,204	N/A	2.4	2.5	N/A
269		Pix1	757	829	N/A	3,080	3,094	N/A	2.3	2.3	N/A
269		Pix2	40	35	N/A	4,641	6,536	N/A	4.2	5.3	N/A
269		Pix3	19	20	N/A	8,188	6,918	N/A	7.5	7.2	N/A
269		Pix4	11	13	N/A	11,916	10,673	N/A	10.3	11.2	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
271	Unilateral Hernia Procedures (MNRH)		272	137	N/A	2,310	2,519	N/A	1.6	1.6	N/A
271		Plx1	261	132	N/A	2,282	2,399	N/A	1.6	1.6	N/A
271		Plx2	18	5	N/A	5,355	5,194	N/A	5.1	4.6	N/A
271		Plx3	6	6	N/A	10,235	10,638	N/A	10.0	10.3	N/A
271		Plx4	6	3	N/A	9,805	11,100	N/A	9.7	13.0	N/A
279	Digestive System Malignancy		383	307	N/A	6,384	5,947	N/A	9.3	8.2	N/A
279		Plx1	178	147	N/A	4,512	4,139	N/A	6.7	6.4	N/A
279		Plx2	114	88	N/A	6,534	6,460	N/A	10.0	8.8	N/A
279		Plx3	50	42	N/A	7,649	8,512	N/A	11.4	11.5	N/A
279		Plx4	41	29	N/A	13,040	9,789	N/A	16.2	10.8	N/A
281	G.I. Hemorrhage		1,171	1,038	N/A	3,372	3,208	N/A	4.5	4.3	N/A
281		Plx1	793	723	N/A	2,745	2,540	N/A	3.7	3.7	N/A
281		Plx2	222	188	N/A	3,661	3,957	N/A	4.9	5.4	N/A
281		Plx3	91	81	N/A	6,618	5,138	N/A	8.0	6.4	N/A
281		Plx4	61	71	N/A	9,176	12,381	N/A	9.7	11.9	N/A
285	Complicated Ulcer		98	60	N/A	3,837	3,161	N/A	5.5	4.0	N/A
285		Plx1	53	33	N/A	3,151	2,538	N/A	4.6	3.5	N/A
285		Plx2	31	19	N/A	4,165	2,418	N/A	5.8	3.7	N/A
285		Plx3	12	5	N/A	4,781	5,801	N/A	7.2	5.8	N/A
285		Plx4	3	4	N/A	20,869	12,824	N/A	17.3	10.5	N/A
286	Uncomplicated Ulcer		111	97	N/A	3,005	2,449	N/A	4.2	3.9	N/A
286		Plx1	71	70	N/A	2,586	2,242	N/A	3.4	3.6	N/A
286		Plx2	27	26	N/A	3,137	2,885	N/A	4.7	4.5	N/A
286		Plx3	10	3	N/A	6,358	9,733	N/A	7.6	12.0	N/A
286		Plx4	2	1	N/A	15,609	20,243	N/A	15.5	34.0	N/A
289	Inflammatory Bowel Disease		475	481	N/A	3,062	3,501	N/A	5.2	5.7	N/A
289		Plx1	389	363	N/A	3,129	3,363	N/A	5.5	5.6	N/A
289		Plx2	63	82	N/A	2,780	3,240	N/A	4.3	5.2	N/A
289		Plx3	30	35	N/A	4,771	5,370	N/A	8.7	9.0	N/A
289		Plx4	6	11	N/A	11,447	20,425	N/A	16.8	19.2	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Blended
290	G.I. Obstruction		899	960	N/A	2,763	2,900	N/A	4.3	4.5	N/A
290		Plx1	792	811	N/A	2,483	2,500	N/A	3.9	3.9	N/A
290		Plx2	63	88	N/A	4,421	4,625	N/A	6.4	7.4	N/A
290		Plx3	26	32	N/A	6,526	5,914	N/A	9.3	8.6	N/A
290		Plx4	18	24	N/A	11,095	11,060	N/A	13.3	14.0	N/A
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		4,026	3,804	N/A	2,494	2,311	N/A	3.6	3.4	N/A
294		Plx1	3,275	3,252	N/A	2,130	2,120	N/A	3.1	3.1	N/A
294		Plx2	471	389	N/A	3,649	3,537	N/A	5.3	5.3	N/A
294		Plx3	178	182	N/A	4,971	4,799	N/A	6.9	6.6	N/A
294		Plx4	90	84	N/A	10,841	10,670	N/A	14.2	12.8	N/A
297	Other G.I. Diagnoses		953	825	N/A	3,114	2,986	N/A	4.2	4.0	N/A
297		Plx1	735	619	N/A	2,544	2,624	N/A	3.6	3.7	N/A
297		Plx2	125	135	N/A	3,910	3,495	N/A	4.9	4.6	N/A
297		Plx3	59	50	N/A	5,975	7,147	N/A	7.3	9.5	N/A
297		Plx4	44	59	N/A	13,746	15,680	N/A	14.6	13.6	N/A
310	PWS - Liver Transplant		56	41	N/A	40,680	59,958	N/A	15.1	23.2	N/A
310		Plx1	9	3	N/A	28,838	31,210	N/A	11.0	13.3	N/A
310		Plx2	10	3	N/A	31,893	40,426	N/A	11.5	14.0	N/A
310		Plx3	5	5	N/A	34,156	35,656	N/A	15.6	13.8	N/A
310		Plx4	42	32	N/A	76,104	82,660	N/A	32.1	32.1	N/A
311	Major Pancreatic Procedures		182	172	N/A	21,200	23,712	N/A	17.5	17.6	N/A
311		Plx1	81	63	N/A	13,302	14,016	N/A	11.2	11.5	N/A
311		Plx2	32	35	N/A	16,128	16,961	N/A	15.3	13.5	N/A
311		Plx3	28	30	N/A	23,889	17,642	N/A	23.9	16.0	N/A
311		Plx4	42	50	N/A	49,947	53,435	N/A	33.6	37.9	N/A
312	Major Hepatobiliary Procedures		123	103	N/A	14,859	12,466	N/A	9.3	8.9	N/A
312		Plx1	71	60	N/A	12,804	10,934	N/A	7.8	7.5	N/A
312		Plx2	21	16	N/A	15,161	11,912	N/A	10.7	9.9	N/A
312		Plx3	18	15	N/A	16,823	14,844	N/A	11.5	10.1	N/A
312		Plx4	20	16	N/A	32,828	31,758	N/A	21.9	20.1	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pt. Level	Casmix Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Standard	2002/2003	2001/2002	Standard	2002/2003	2001/2002	Standard
313	Common Duct Exploration		26	64	N/A	13,256	10,958	N/A	14.7	9.5	N/A
313		Ptx1	14	37	N/A	9,139	7,237	N/A	8.5	6.6	N/A
313		Ptx2	3	12	N/A	10,701	11,591	N/A	15.3	11.4	N/A
313		Ptx3	3	10	N/A	12,518	19,752	N/A	14.3	17.3	N/A
313		Ptx4	3	8	N/A	23,437	27,426	N/A	22.7	19.9	N/A
314	Other Hepatobiliary And Pancreatic Procedures		111	104	N/A	11,463	11,052	N/A	10.6	9.9	N/A
314		Ptx1	59	52	N/A	8,002	6,599	N/A	7.7	6.3	N/A
314		Ptx2	18	16	N/A	10,744	10,992	N/A	10.3	11.8	N/A
314		Ptx3	13	11	N/A	14,520	10,391	N/A	14.5	11.9	N/A
314		Ptx4	24	28	N/A	21,741	23,356	N/A	19.6	18.8	N/A
315	Cholecystectomy		271	196	N/A	8,005	8,382	N/A	7.3	7.4	N/A
315		Ptx1	162	123	N/A	6,760	6,586	N/A	6.1	5.9	N/A
315		Ptx2	49	29	N/A	7,591	8,263	N/A	7.2	7.3	N/A
315		Ptx3	42	27	N/A	10,733	10,254	N/A	10.0	10.1	N/A
315		Ptx4	16	21	N/A	15,579	24,409	N/A	12.3	18.3	N/A
317	Laparoscopic Cholecystectomy		1,311	1,299	N/A	3,369	3,347	N/A	2.7	2.7	N/A
317		Ptx1	1,104	1,141	N/A	3,175	3,195	N/A	2.4	2.5	N/A
317		Ptx2	227	134	N/A	5,270	4,613	N/A	5.5	4.8	N/A
317		Ptx3	51	52	N/A	7,759	7,113	N/A	7.7	8.0	N/A
317		Ptx4	22	22	N/A	14,249	9,552	N/A	15.7	10.0	N/A
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		54	72	N/A	12,885	12,294	N/A	9.8	10.5	N/A
320		Ptx1	26	36	N/A	8,093	8,119	N/A	6.1	8.2	N/A
320		Ptx2	3	10	N/A	17,040	7,749	N/A	12.7	7.0	N/A
320		Ptx3	13	9	N/A	15,320	12,183	N/A	12.8	12.2	N/A
320		Ptx4	10	20	N/A	20,578	40,335	N/A	12.9	22.4	N/A
323	Cirrhosis And Alcoholic Hepatitis		260	295	N/A	6,382	8,159	N/A	8.6	8.9	N/A
323		Ptx1	68	74	N/A	3,807	3,593	N/A	5.0	5.9	N/A
323		Ptx2	87	71	N/A	5,083	4,758	N/A	7.8	7.3	N/A
323		Ptx3	48	47	N/A	6,261	6,914	N/A	9.8	9.9	N/A
323		Ptx4	58	113	N/A	12,736	17,045	N/A	13.9	14.1	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Blended
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		350	316	N/A	6,862	6,488	N/A	10.1	9.2	N/A
324		Plx1	173	137	N/A	5,924	5,176	N/A	9.2	7.5	N/A
324		Plx2	80	68	N/A	6,207	6,002	N/A	9.0	8.4	N/A
324		Plx3	47	64	N/A	8,348	7,406	N/A	11.6	11.0	N/A
324		Plx4	49	45	N/A	9,837	9,654	N/A	13.8	12.2	N/A
325	Pancreas Diseases Except Malignancy		836	894	N/A	3,301	3,235	N/A	5.2	5.1	N/A
325		Plx1	626	618	N/A	2,879	2,606	N/A	4.7	4.4	N/A
325		Plx2	151	178	N/A	4,087	3,715	N/A	6.4	6.2	N/A
325		Plx3	54	66	N/A	7,233	6,155	N/A	10.2	9.2	N/A
325		Plx4	38	58	N/A	16,854	15,898	N/A	14.8	14.7	N/A
326	Liver Diseases Except Cirrhosis Or Cancer		373	302	N/A	5,848	5,599	N/A	7.4	6.4	N/A
326		Plx1	182	154	N/A	3,279	3,312	N/A	4.8	4.8	N/A
326		Plx2	84	47	N/A	5,763	4,840	N/A	8.6	6.1	N/A
326		Plx3	53	50	N/A	8,175	5,873	N/A	11.5	8.4	N/A
326		Plx4	53	55	N/A	13,591	14,762	N/A	11.5	11.6	N/A
329	Biliary Tract Diseases		488	480	N/A	2,961	2,897	N/A	4.1	4.0	N/A
329		Plx1	342	333	N/A	2,386	2,367	N/A	3.3	3.3	N/A
329		Plx2	60	62	N/A	5,471	3,869	N/A	7.5	5.7	N/A
329		Plx3	80	59	N/A	4,141	4,027	N/A	5.9	5.3	N/A
329		Plx4	31	32	N/A	14,247	8,889	N/A	15.5	10.9	N/A
350	Multiple Or Bilateral Joint Replacement		44	41	N/A	14,996	15,663	N/A	10.1	10.2	N/A
350		Plx1	25	20	N/A	11,818	13,072	N/A	7.1	8.4	N/A
350		Plx2	5	12	N/A	17,476	15,987	N/A	10.2	8.3	N/A
350		Plx3	8	3	N/A	16,505	26,075	N/A	11.1	18.7	N/A
350		Plx4	5	8	N/A	54,374	33,442	N/A	58.0	39.0	N/A
351	Joint Replacement For Trauma		541	586	N/A	12,048	11,785	N/A	11.6	11.3	N/A
351		Plx1	334	330	N/A	9,844	9,605	N/A	9.3	9.2	N/A
351		Plx2	105	110	N/A	13,568	12,937	N/A	13.9	12.9	N/A
351		Plx3	57	66	N/A	19,189	15,650	N/A	19.3	16.3	N/A
351		Plx4	59	95	N/A	26,560	21,502	N/A	28.9	20.5	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pt Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
352	Hip Replacement		1,405	1,239	N/A	9,829	10,108	N/A	6.5	6.5	N/A
352		Pt1	1,052	927	N/A	9,382	9,771	N/A	6.0	6.4	N/A
352		Pt2	240	268	N/A	10,757	11,196	N/A	7.2	7.1	N/A
352		Pt3	73	58	N/A	12,158	12,513	N/A	9.0	9.6	N/A
352		Pt4	36	34	N/A	13,199	16,932	N/A	10.2	14.1	N/A
354	Knee Replacement		1,519	1,676	N/A	8,342	8,515	N/A	5.9	6.2	N/A
354		Pt1	1,247	1,325	N/A	8,099	8,123	N/A	5.7	5.9	N/A
354		Pt2	199	243	N/A	9,787	9,870	N/A	7.5	7.3	N/A
354		Pt3	77	75	N/A	10,244	10,385	N/A	7.8	8.2	N/A
354		Pt4	38	50	N/A	12,462	13,747	N/A	11.1	10.5	N/A
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		67	29	N/A	10,166	11,974	N/A	9.4	10.9	N/A
355		Pt1	39	15	N/A	5,305	6,608	N/A	4.9	6.5	N/A
355		Pt2	12	5	N/A	10,473	10,461	N/A	12.3	11.4	N/A
355		Pt3	5	4	N/A	15,181	13,873	N/A	13.4	17.5	N/A
355		Pt4	11	8	N/A	28,484	48,275	N/A	25.4	34.1	N/A
356	Repair Hip And Femur Procedures		145	128	N/A	8,307	9,130	N/A	6.7	7.1	N/A
356		Pt1	116	84	N/A	6,670	6,448	N/A	4.7	4.3	N/A
356		Pt2	15	26	N/A	12,811	13,715	N/A	12.5	12.6	N/A
356		Pt3	8	15	N/A	15,503	17,287	N/A	14.9	18.5	N/A
356		Pt4	5	8	N/A	57,944	20,105	N/A	68.2	21.4	N/A
358	Lower Extremity Procedures With Infection		89	98	N/A	8,092	7,803	N/A	7.7	7.2	N/A
358		Pt1	69	71	N/A	6,423	6,448	N/A	6.0	6.2	N/A
358		Pt2	11	16	N/A	8,372	8,551	N/A	7.6	7.4	N/A
358		Pt3	4	4	N/A	23,309	13,315	N/A	29.3	12.8	N/A
358		Pt4	5	15	N/A	25,014	43,973	N/A	26.2	34.9	N/A
359	Upper Extremity Procedures With Infection		35	28	N/A	8,413	5,168	N/A	9.5	4.7	N/A
359		Pt1	29	24	N/A	7,125	4,718	N/A	8.1	4.1	N/A
359		Pt2	4	1	N/A	12,661	6,556	N/A	12.0	7.0	N/A
359		Pt3	2		N/A	62,508		N/A	68.5		N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
359		Plx4	1	5	N/A	18,619	26,450	N/A	19.0	19.8	N/A
360	Upper Extremity Amputations And Revisions		53	42	N/A	12,184	7,377	N/A	9.2	9.1	N/A
360		Plx1	36	23	N/A	7,914	4,891	N/A	6.1	5.7	N/A
360		Plx2	8	12	N/A	12,088	9,553	N/A	16.5	12.3	N/A
360		Plx3	3	3	N/A	18,264	5,488	N/A	12.3	6.0	N/A
360		Plx4	6	7	N/A	37,214	27,208	N/A	20.3	29.4	N/A
361	Musculoskeletal Biopsy For Malignancy		32	29	N/A	10,608	11,099	N/A	9.2	11.1	N/A
361		Plx1	24	19	N/A	7,930	6,397	N/A	7.3	6.4	N/A
361		Plx2	8	4	N/A	19,424	17,264	N/A	23.4	24.5	N/A
361		Plx3	4	3	N/A	32,304	21,252	N/A	33.0	11.0	N/A
361		Plx4			N/A			N/A			N/A
362	Musculoskeletal Biopsy Without Malignancy		66	49	N/A	10,531	13,044	N/A	10.9	17.3	N/A
362		Plx1	48	28	N/A	6,296	8,545	N/A	6.8	11.6	N/A
362		Plx2	5	11	N/A	9,963	13,051	N/A	14.2	19.1	N/A
362		Plx3	5	3	N/A	17,993	18,766	N/A	27.0	25.0	N/A
362		Plx4	11	7	N/A	49,130	48,371	N/A	40.2	42.3	N/A
363	Back And Neck Procedures With Fusion		949	620	N/A	8,774	10,434	N/A	4.9	5.4	N/A
363		Plx1	802	469	N/A	8,186	8,999	N/A	4.4	4.6	N/A
363		Plx2	99	100	N/A	11,317	14,706	N/A	6.7	7.6	N/A
363		Plx3	44	42	N/A	14,981	16,002	N/A	9.5	9.1	N/A
363		Plx4	24	27	N/A	35,769	39,783	N/A	20.8	23.9	N/A
365	Back And Neck Procedures Without Fusion		719	1,143	N/A	4,700	4,207	N/A	2.6	2.7	N/A
365		Plx1	686	1,082	N/A	4,633	4,094	N/A	2.5	2.6	N/A
365		Plx2	35	54	N/A	8,663	7,432	N/A	5.5	6.2	N/A
365		Plx3	10	20	N/A	7,294	7,496	N/A	6.4	6.8	N/A
365		Plx4	8	8	N/A	35,903	13,948	N/A	28.0	11.4	N/A
367	Shoulder Arthroplasty		91	83	N/A	6,963	7,105	N/A	3.2	3.3	N/A
367		Plx1	82	79	N/A	6,895	6,986	N/A	3.0	3.2	N/A
367		Plx2	6	4	N/A	7,547	9,466	N/A	4.0	4.3	N/A
367		Plx3	2		N/A	6,970		N/A	5.5		N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
367		Pix4	2		N/A	11,751		N/A	9.0		N/A
368	Major Hip And Knee Procedures		23	64	N/A	5,533	5,972	N/A	4.0	4.1	N/A
368		Pix1	19	50	N/A	4,795	5,099	N/A	3.5	3.2	N/A
368		Pix2	2	7	N/A	11,818	8,337	N/A	10.0	5.7	N/A
368		Pix3	3	1	N/A	9,946	17,522	N/A	9.0	21.0	N/A
368		Pix4			N/A			N/A			N/A
369	Major Lower Extremity Procedures		309	362	N/A	5,480	5,152	N/A	3.3	3.1	N/A
369		Pix1	292	340	N/A	5,326	4,958	N/A	3.2	3.0	N/A
369		Pix2	10	18	N/A	8,397	9,223	N/A	5.2	6.5	N/A
369		Pix3	7	9	N/A	9,152	8,281	N/A	6.1	6.1	N/A
369		Pix4	2	4	N/A	28,885	23,873	N/A	26.0	18.5	N/A
372	Major Upper Extremity Procedures		160	128	N/A	4,699	3,845	N/A	2.3	1.7	N/A
372		Pix1	138	126	N/A	4,050	3,790	N/A	1.9	1.7	N/A
372		Pix2	5	2	N/A	8,079	10,160	N/A	6.8	7.0	N/A
372		Pix3	2	2	N/A	7,818	12,503	N/A	2.5	4.0	N/A
372		Pix4	1	1	N/A	44,767	40,335	N/A	56.0	99.0	N/A
374	Minor Lower Extremity Procedures		665	367	N/A	3,181	3,407	N/A	1.8	1.8	N/A
374		Pix1	658	358	N/A	3,166	3,383	N/A	1.7	1.8	N/A
374		Pix2	9	17	N/A	5,520	6,324	N/A	4.2	4.4	N/A
374		Pix3	3	3	N/A	7,193	8,431	N/A	4.7	7.0	N/A
374		Pix4	1	2	N/A	18,573	48,896	N/A	14.0	32.5	N/A
375	Minor Upper Extremity Procedures		678	624	N/A	2,339	2,905	N/A	1.0	1.3	N/A
375		Pix1	678	616	N/A	2,339	2,891	N/A	1.0	1.3	N/A
375		Pix2	9	7	N/A	4,811	3,730	N/A	3.9	2.3	N/A
375		Pix3	1		N/A	5,304		N/A	5.0		N/A
375		Pix4	2	2	N/A	13,412	6,577	N/A	10.5	4.5	N/A
376	Miscellaneous Musculoskeletal Procedures		169	136	N/A	7,298	7,250	N/A	3.3	2.9	N/A
376		Pix1	155	119	N/A	6,625	6,288	N/A	3.0	2.7	N/A
376		Pix2	10	13	N/A	14,035	12,212	N/A	6.2	4.2	N/A
376		Pix3	4	2	N/A	16,532	21,636	N/A	6.8	6.5	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pts. Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
376		Pix4	7	2	N/A	56,861	17,841	N/A	27.1	6.0	N/A
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		170	243	N/A	7,575	8,392	N/A	6.3	7.4	N/A
377		Pix1	134	176	N/A	4,791	6,558	N/A	3.7	5.4	N/A
377		Pix2	15	33	N/A	15,033	11,238	N/A	13.3	10.7	N/A
377		Pix3	8	22	N/A	15,496	14,202	N/A	12.4	14.1	N/A
377		Pix4	12	21	N/A	56,946	34,078	N/A	33.3	32.9	N/A
378	Soft Tissue Procedures (MNRH)		62	115	N/A	6,121	4,034	N/A	4.6	2.3	N/A
378		Pix1	51	110	N/A	5,067	3,903	N/A	3.8	2.2	N/A
378		Pix2	4	7	N/A	6,576	7,536	N/A	6.0	6.7	N/A
378		Pix3	5		N/A	14,441		N/A	14.8		N/A
378		Pix4	5		N/A	16,564		N/A	12.4		N/A
379	Other Musculoskeletal Procedures (MNRH)		491	396	N/A	3,682	2,676	N/A	2.1	1.7	N/A
379		Pix1	437	386	N/A	2,952	2,636	N/A	1.7	1.7	N/A
379		Pix2	13	11	N/A	10,558	4,425	N/A	5.9	3.5	N/A
379		Pix3	12	4	N/A	16,425	8,332	N/A	10.6	6.3	N/A
379		Pix4	8	2	N/A	34,602	23,348	N/A	18.1	19.5	N/A
380	Other Lower Extremity Procedures (MNRH)		218	302	N/A	1,443	2,262	N/A	1.0	1.5	N/A
380		Pix1	217	295	N/A	1,441	2,245	N/A	1.0	1.5	N/A
380		Pix2	3	4	N/A	5,142	3,840	N/A	2.3	2.3	N/A
380		Pix3	1	3	N/A	7,761	4,857	N/A	4.0	5.7	N/A
380		Pix4			N/A			N/A			N/A
381	Hand And Wrist Procedures (MNRH)		68	57	N/A	2,431	2,717	N/A	1.0	1.0	N/A
381		Pix1	68	57	N/A	2,431	2,717	N/A	1.0	1.0	N/A
381		Pix2	2	1	N/A	4,983	3,345	N/A	4.0	2.0	N/A
381		Pix3	1		N/A	30,146		N/A	47.0		N/A
381		Pix4			N/A			N/A			N/A
382	Arthroscopy (MNRH)		5	8	N/A	1,902	2,099	N/A	1.0	1.8	N/A
382		Pix1	5	7	N/A	1,902	1,593	N/A	1.0	1.0	N/A
382		Pix2	1		N/A	10,842		N/A	11.0		N/A
382		Pix3			N/A			N/A			N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
382		Pix4			N/A			N/A			N/A
383	PWS - Joint Replacement For Malignancy		15	20	N/A	13,753	19,301	N/A	12.9	13.6	N/A
383		Pix1	8	7	N/A	10,933	16,697	N/A	9.0	11.3	N/A
383		Pix2	3	9	N/A	10,278	18,126	N/A	7.7	13.2	N/A
383		Pix3	3	1	N/A	25,803	33,740	N/A	30.3	15.0	N/A
383		Pix4	5	3	N/A	71,934	32,333	N/A	56.4	27.7	N/A
384	PWS - Back And Neck Procedures For Malignancy		22	28	N/A	21,017	21,061	N/A	12.6	14.7	N/A
384		Pix1	10	10	N/A	14,802	16,406	N/A	7.7	12.6	N/A
384		Pix2	3	9	N/A	22,501	19,394	N/A	8.3	12.1	N/A
384		Pix3	2	3	N/A	21,588	18,999	N/A	17.0	13.0	N/A
384		Pix4	7	6	N/A	34,325	32,352	N/A	24.0	22.8	N/A
385	PWS - Major Orthopaedic Oncology Procedures		17	22	N/A	15,668	7,602	N/A	8.4	4.5	N/A
385		Pix1	13	19	N/A	11,089	7,460	N/A	6.7	4.5	N/A
385		Pix2	2	4	N/A	9,741	13,125	N/A	9.0	10.3	N/A
385		Pix3	1		N/A	14,695		N/A	13.0		N/A
385		Pix4	2	2	N/A	69,920	81,490	N/A	39.0	43.5	N/A
386	Other Orthopaedic Oncology Procedures		52	30	N/A	7,552	6,954	N/A	5.1	4.1	N/A
386		Pix1	44	28	N/A	6,112	6,355	N/A	4.5	3.8	N/A
386		Pix2	5	2	N/A	12,670	15,348	N/A	6.6	9.0	N/A
386		Pix3	2		N/A	28,445		N/A	15.0		N/A
386		Pix4	2		N/A	37,042		N/A	25.0		N/A
391	Secondary Neoplasms And Pathological Fractures		307	333	N/A	9,178	9,669	N/A	14.1	13.6	N/A
391		Pix1	183	184	N/A	7,095	6,679	N/A	11.7	10.8	N/A
391		Pix2	76	72	N/A	10,704	10,811	N/A	16.4	16.1	N/A
391		Pix3	19	45	N/A	13,151	14,493	N/A	17.9	19.9	N/A
391		Pix4	28	39	N/A	20,045	21,304	N/A	28.3	24.3	N/A
392	Osteomyelitis		60	66	N/A	8,139	7,728	N/A	10.6	9.9	N/A
392		Pix1	37	39	N/A	5,859	5,653	N/A	8.2	7.6	N/A
392		Pix2	10	9	N/A	9,206	9,762	N/A	11.9	12.2	N/A
392		Pix3	9	13	N/A	7,633	9,035	N/A	9.8	10.9	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
392		Pix4	6	7	N/A	35,196	21,677	N/A	45.8	31.3	N/A
393	Rheumatoid Arthritis		48	81	N/A	8,211	7,480	N/A	10.3	8.9	N/A
393		Pix1	24	51	N/A	4,521	5,852	N/A	6.1	7.2	N/A
393		Pix2	10	12	N/A	9,867	9,151	N/A	13.9	13.6	N/A
393		Pix3	5	11	N/A	9,744	12,498	N/A	11.4	17.3	N/A
393		Pix4	9	10	N/A	18,691	22,893	N/A	21.7	23.1	N/A
394	Septic Arthritis		30	38	N/A	4,258	4,374	N/A	6.1	6.7	N/A
394		Pix1	25	27	N/A	3,376	3,372	N/A	4.9	5.3	N/A
394		Pix2	4	4	N/A	14,783	12,380	N/A	21.5	15.0	N/A
394		Pix3	2	3	N/A	2,220	4,109	N/A	4.0	4.0	N/A
394		Pix4	1	7	N/A	26,636	22,007	N/A	47.0	37.7	N/A
397	Non-Inflammatory Arthritis		61	66	N/A	5,363	6,587	N/A	7.9	10.0	N/A
397		Pix1	45	43	N/A	3,643	4,736	N/A	5.9	8.2	N/A
397		Pix2	8	16	N/A	7,938	7,987	N/A	8.4	9.4	N/A
397		Pix3	6	2	N/A	12,867	7,323	N/A	17.7	7.0	N/A
397		Pix4	1	1	N/A	21,745	32,054	N/A	43.0	24.0	N/A
398	Other Inflammatory Arthritis		259	287	N/A	3,979	4,555	N/A	5.8	6.1	N/A
398		Pix1	182	198	N/A	3,253	3,134	N/A	4.8	4.6	N/A
398		Pix2	43	30	N/A	6,014	5,172	N/A	8.5	8.1	N/A
398		Pix3	25	33	N/A	6,728	6,257	N/A	10.2	8.8	N/A
398		Pix4	20	32	N/A	22,179	20,673	N/A	19.4	17.7	N/A
399	Orthopaedic Aftercare		205	196	N/A	4,245	5,308	N/A	6.4	7.5	N/A
399		Pix1	166	147	N/A	3,375	3,757	N/A	4.9	5.4	N/A
399		Pix2	17	22	N/A	8,453	9,394	N/A	14.6	13.7	N/A
399		Pix3	17	11	N/A	10,220	7,076	N/A	19.2	9.8	N/A
399		Pix4	11	18	N/A	13,496	17,075	N/A	18.5	21.9	N/A
401	Other Musculoskeletal Malignancies		27	25	N/A	6,331	8,131	N/A	6.6	8.7	N/A
401		Pix1	15	15	N/A	3,401	6,806	N/A	3.9	6.1	N/A
401		Pix2	4	6	N/A	8,395	10,288	N/A	12.5	14.8	N/A
401		Pix3	4	3	N/A	10,081	9,115	N/A	7.5	10.7	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
401		Pix4	4	2	N/A	11,503	19,410	N/A	9.8	16.0	N/A
402	Disc Disease		247	274	N/A	4,740	4,193	N/A	7.9	7.4	N/A
402		Pix1	208	232	N/A	3,973	3,712	N/A	6.8	6.7	N/A
402		Pix2	28	25	N/A	11,088	5,983	N/A	18.6	9.8	N/A
402		Pix3	12	9	N/A	14,174	6,913	N/A	20.3	11.2	N/A
402		Pix4	8	14	N/A	14,960	23,985	N/A	19.5	33.6	N/A
404	Other Musculoskeletal Infections		3	1	N/A	8,165	524	N/A	13.7	2.0	N/A
404		Pix1	2	1	N/A	9,214	524	N/A	15.0	2.0	N/A
404		Pix2			N/A			N/A			N/A
404		Pix3	1		N/A	6,066		N/A	11.0		N/A
404		Pix4			N/A			N/A			N/A
407	Other Musculoskeletal Disorders		55	26	N/A	3,980	3,379	N/A	5.3	3.6	N/A
407		Pix1	41	25	N/A	2,997	3,376	N/A	3.9	3.6	N/A
407		Pix2	5	2	N/A	5,970	4,455	N/A	6.8	10.0	N/A
407		Pix3	5		N/A	7,708		N/A	8.6		N/A
407		Pix4	2		N/A	28,502		N/A	39.0		N/A
409	Back Pain (MNRH)		213	207	N/A	3,253	2,522	N/A	5.2	4.3	N/A
409		Pix1	178	189	N/A	2,746	2,324	N/A	4.5	4.1	N/A
409		Pix2	29	16	N/A	6,782	6,356	N/A	10.6	10.9	N/A
409		Pix3	7	9	N/A	9,962	7,142	N/A	12.7	12.2	N/A
409		Pix4	5	3	N/A	22,947	11,888	N/A	29.6	18.0	N/A
411	Signs, Symptoms And Deformities (MNRH)		132	194	N/A	2,931	3,044	N/A	4.2	4.3	N/A
411		Pix1	121	160	N/A	2,981	2,766	N/A	4.3	3.7	N/A
411		Pix2	12	19	N/A	8,577	4,599	N/A	14.5	7.3	N/A
411		Pix3	11	13	N/A	5,655	3,975	N/A	9.7	6.5	N/A
411		Pix4	1	2	N/A	8,713	4,539	N/A	11.0	5.5	N/A
413	Joint Derangements (MNRH)		59	32	N/A	3,405	2,434	N/A	4.2	3.8	N/A
413		Pix1	52	30	N/A	2,820	2,236	N/A	3.5	3.6	N/A
413		Pix2	4	2	N/A	7,702	6,121	N/A	10.8	10.0	N/A
413		Pix3	2		N/A	7,922		N/A	11.5		N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts. Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
413		Pix4	2		N/A	9,632		N/A	15.5		N/A
414	Sprains Strains And Minor Injuries (MNRH)		45	57	N/A	2,486	2,675	N/A	3.8	4.1	N/A
414		Pix1	43	52	N/A	2,342	2,461	N/A	3.7	3.7	N/A
414		Pix2	1	2	N/A	7,094	1,494	N/A	10.0	3.0	N/A
414		Pix3	1	1	N/A	4,075	3,310	N/A	4.0	6.0	N/A
414		Pix4			N/A			N/A			N/A
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		493	194	N/A	3,524	6,019	N/A	1.4	3.8	N/A
425		Pix1	482	168	N/A	3,471	4,807	N/A	1.4	3.2	N/A
425		Pix2	26	13	N/A	14,222	10,593	N/A	7.3	7.6	N/A
425		Pix3	16	11	N/A	13,247	16,281	N/A	6.8	7.1	N/A
425		Pix4	10	3	N/A	15,571	26,192	N/A	10.9	20.3	N/A
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		62	158	N/A	24,361	17,373	N/A	29.1	21.0	N/A
427		Pix1	36	94	N/A	13,610	11,398	N/A	17.4	14.9	N/A
427		Pix2	6	19	N/A	29,999	19,503	N/A	36.0	25.5	N/A
427		Pix3	9	18	N/A	28,774	25,507	N/A	36.2	29.5	N/A
427		Pix4	9	33	N/A	53,690	47,349	N/A	54.6	48.4	N/A
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		202	483	N/A	3,672	3,225	N/A	1.3	1.2	N/A
428		Pix1	198	475	N/A	3,667	3,194	N/A	1.3	1.2	N/A
428		Pix2	4	14	N/A	6,671	11,082	N/A	2.8	5.2	N/A
428		Pix3	1	5	N/A	3,648	10,785	N/A	2.0	4.6	N/A
428		Pix4			N/A			N/A			N/A
429	Total Mastectomy For Breast Malignancy		598	725	N/A	3,155	3,470	N/A	1.6	1.9	N/A
429		Pix1	591	669	N/A	3,141	2,995	N/A	1.6	1.6	N/A
429		Pix2	10	27	N/A	8,038	10,347	N/A	7.1	5.6	N/A
429		Pix3	4	9	N/A	4,918	7,115	N/A	2.8	4.0	N/A
429		Pix4			N/A			N/A			N/A
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		611	566	N/A	2,972	2,789	N/A	1.4	1.4	N/A
432		Pix1	601	555	N/A	2,958	2,763	N/A	1.4	1.4	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
432		Pix2	9	11	N/A	3,496	4,060	N/A	2.2	2.4	N/A
432		Pix3	1	1	N/A	19,080	5,584	N/A	23.0	4.0	N/A
432		Pix4	2	1	N/A	6,652	11,959	N/A	5.0	5.0	N/A
434	Breast Biopsy And Local Excision Without Malignancy		44	20	N/A	2,257	1,699	N/A	1.0	1.0	N/A
434		Pix1	44	20	N/A	2,257	1,699	N/A	1.0	1.0	N/A
434		Pix2	1	1	N/A	5,734	4,579	N/A	3.0	2.0	N/A
434		Pix3			N/A			N/A			N/A
434		Pix4			N/A			N/A			N/A
435	Perianal And Pilonidal Cyst Procedures		38	27	N/A	2,172	1,679	N/A	1.8	1.3	N/A
435		Pix1	38	27	N/A	2,172	1,679	N/A	1.8	1.3	N/A
435		Pix2	1		N/A	12,891		N/A	8.0		N/A
435		Pix3	2		N/A	10,585		N/A	14.0		N/A
435		Pix4	1		N/A	20,033		N/A	29.0		N/A
436	Plastic Surgery		26	39	N/A	3,371	3,851	N/A	1.7	1.8	N/A
436		Pix1	26	36	N/A	3,371	3,665	N/A	1.7	1.7	N/A
436		Pix2			N/A			N/A			N/A
436		Pix3	1		N/A	13,712		N/A	16.0		N/A
436		Pix4			N/A			N/A			N/A
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		155	63	N/A	3,233	2,648	N/A	2.9	1.3	N/A
437		Pix1	151	60	N/A	3,192	2,553	N/A	2.9	1.3	N/A
437		Pix2	3	3	N/A	8,189	4,554	N/A	13.3	2.3	N/A
437		Pix3	4	2	N/A	10,069	7,821	N/A	12.0	9.5	N/A
437		Pix4	3		N/A	19,524		N/A	32.3		N/A
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		104	70	N/A	7,890	4,307	N/A	8.0	3.8	N/A
438		Pix1	75	62	N/A	5,450	3,660	N/A	4.7	3.4	N/A
438		Pix2	9	3	N/A	5,884	10,910	N/A	8.1	15.7	N/A
438		Pix3	11	6	N/A	13,344	8,076	N/A	17.1	10.2	N/A
438		Pix4	10	2	N/A	47,233	16,530	N/A	54.6	6.5	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
439	Skin Ulcer		60	54	N/A	10,734	10,045	N/A	15.8	15.6	N/A
439		Pix1	30	22	N/A	8,965	6,516	N/A	13.3	9.9	N/A
439		Pix2	8	8	N/A	16,602	9,207	N/A	24.4	15.3	N/A
439		Pix3	15	14	N/A	8,344	11,201	N/A	12.3	18.8	N/A
439		Pix4	9	13	N/A	21,801	19,901	N/A	34.8	37.4	N/A
440	Major Skin Disorders		64	50	N/A	5,560	6,259	N/A	6.8	6.9	N/A
440		Pix1	42	37	N/A	4,328	5,289	N/A	5.3	6.1	N/A
440		Pix2	13	5	N/A	7,572	6,797	N/A	12.1	8.6	N/A
440		Pix3	5	7	N/A	4,172	8,543	N/A	5.2	9.6	N/A
440		Pix4	4	1	N/A	13,694	23,465	N/A	8.8	8.0	N/A
443	Malignant Breast Disorders		54	16	N/A	5,899	6,810	N/A	7.7	9.6	N/A
443		Pix1	28	7	N/A	3,340	5,525	N/A	4.5	8.0	N/A
443		Pix2	12	4	N/A	6,811	6,767	N/A	9.8	10.8	N/A
443		Pix3	9	5	N/A	12,219	8,644	N/A	15.0	11.0	N/A
443		Pix4	6		N/A	10,910		N/A	13.0		N/A
446	Non-Malignant Breast Disorders		11	20	N/A	2,388	2,161	N/A	2.5	2.9	N/A
446		Pix1	11	20	N/A	2,388	2,161	N/A	2.5	2.9	N/A
446		Pix2			N/A			N/A			N/A
446		Pix3			N/A			N/A			N/A
446		Pix4			N/A			N/A			N/A
447	Cellulitis		592	656	N/A	3,743	3,572	N/A	5.9	5.6	N/A
447		Pix1	451	482	N/A	3,144	3,053	N/A	5.1	4.9	N/A
447		Pix2	78	98	N/A	5,147	5,014	N/A	8.8	8.0	N/A
447		Pix3	44	61	N/A	5,404	6,036	N/A	8.7	8.7	N/A
447		Pix4	35	37	N/A	14,978	10,957	N/A	21.9	15.5	N/A
452	Trauma Of Skin, Subcutaneous Tissue And Breast		87	40	N/A	2,442	1,774	N/A	2.8	2.0	N/A
452		Pix1	84	36	N/A	2,414	1,682	N/A	2.7	1.7	N/A
452		Pix2	4	1	N/A	8,695	4,079	N/A	18.3	7.0	N/A
452		Pix3	5	1	N/A	10,723	438	N/A	18.4	1.0	N/A
452		Pix4	2	1	N/A	34,034	23,213	N/A	37.5	15.0	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
454	Minor Skin Disorders		134	116	N/A	2,304	2,380	N/A	3.5	3.5	N/A
454		Plx1	110	91	N/A	2,067	2,154	N/A	3.0	3.1	N/A
454		Plx2	11	15	N/A	4,210	3,827	N/A	7.3	6.1	N/A
454		Plx3	10	11	N/A	4,272	3,392	N/A	6.4	5.6	N/A
454		Plx4	5	4	N/A	6,013	13,523	N/A	10.8	17.5	N/A
476	PWS - Adrenal And Pituitary Procedures		96	114	N/A	9,089	9,950	N/A	4.3	5.3	N/A
476		Plx1	88	81	N/A	8,401	8,180	N/A	3.9	4.1	N/A
476		Plx2	4	12	N/A	19,109	12,458	N/A	9.5	6.4	N/A
476		Plx3	7	10	N/A	24,230	17,442	N/A	14.1	11.2	N/A
476		Plx4	3	12	N/A	32,890	33,792	N/A	14.7	18.2	N/A
477	Parathyroid Procedures		130	110	N/A	3,993	4,312	N/A	2.0	2.2	N/A
477		Plx1	113	99	N/A	3,552	4,121	N/A	1.6	2.1	N/A
477		Plx2	4	5	N/A	8,576	6,356	N/A	5.5	3.8	N/A
477		Plx3	3	8	N/A	3,995	8,085	N/A	2.3	4.9	N/A
477		Plx4	4	4	N/A	18,777	13,571	N/A	12.3	11.0	N/A
478	Obesity Procedures		56	49	N/A	4,316	4,307	N/A	3.2	3.0	N/A
478		Plx1	53	45	N/A	4,311	4,197	N/A	3.2	2.9	N/A
478		Plx2	4	3	N/A	4,373	5,062	N/A	4.3	4.7	N/A
478		Plx3	2		N/A	13,348		N/A	8.0		N/A
478		Plx4	2	3	N/A	23,039	12,285	N/A	19.0	14.7	N/A
479	Thyroid Procedures		636	447	N/A	3,545	3,622	N/A	1.5	1.6	N/A
479		Plx1	608	423	N/A	3,459	3,494	N/A	1.5	1.5	N/A
479		Plx2	19	5	N/A	6,405	6,008	N/A	3.2	2.6	N/A
479		Plx3	15	20	N/A	6,214	6,018	N/A	3.7	3.2	N/A
479		Plx4	4	9	N/A	9,932	26,169	N/A	6.3	13.3	N/A
480	Thyroglossal Procedures		6	28	N/A	3,245	2,462	N/A	1.5	1.2	N/A
480		Plx1	6	27	N/A	3,245	2,433	N/A	1.5	1.2	N/A
480		Plx2			N/A			N/A			N/A
480		Plx3			N/A			N/A			N/A
480		Plx4			N/A			N/A			N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Blended
482	Other Endocrine, Nutrition And Metabolic Procedures		128	22	N/A	28,175	11,013	N/A	9.5	8.2	N/A
482		Plx1	68	10	N/A	27,400	5,437	N/A	7.3	4.0	N/A
482		Plx2	19	5	N/A	25,368	15,908	N/A	7.5	12.8	N/A
482		Plx3	22	3	N/A	35,770	7,251	N/A	13.7	7.3	N/A
482		Plx4	27	6	N/A	33,908	40,816	N/A	26.8	34.2	N/A
483	Diabetes		862	866	N/A	3,128	3,204	N/A	4.5	4.6	N/A
483		Plx1	636	609	N/A	2,502	2,429	N/A	3.7	3.7	N/A
483		Plx2	114	129	N/A	4,359	4,489	N/A	7.1	6.9	N/A
483		Plx3	86	77	N/A	5,173	5,038	N/A	6.9	7.7	N/A
483		Plx4	61	72	N/A	12,545	10,813	N/A	17.2	12.4	N/A
485	Nutritional And Miscellaneous Metabolic Disorders		956	1,014	N/A	4,009	3,797	N/A	5.6	5.2	N/A
485		Plx1	564	620	N/A	3,051	2,804	N/A	4.4	4.1	N/A
485		Plx2	227	211	N/A	4,746	5,026	N/A	6.6	6.7	N/A
485		Plx3	118	143	N/A	7,106	6,103	N/A	9.3	8.1	N/A
485		Plx4	64	77	N/A	12,867	14,488	N/A	16.4	17.7	N/A
487	Cystic Fibrosis		91	74	N/A	11,374	12,162	N/A	11.3	12.5	N/A
487		Plx1	47	49	N/A	9,890	11,429	N/A	10.6	12.1	N/A
487		Plx2	24	15	N/A	10,418	12,547	N/A	10.5	13.5	N/A
487		Plx3	13	4	N/A	11,320	12,395	N/A	12.8	14.3	N/A
487		Plx4	8	7	N/A	24,971	18,337	N/A	18.8	14.7	N/A
488	Inborn Errors Of Metabolism		32	42	N/A	6,574	6,307	N/A	4.7	4.7	N/A
488		Plx1	22	27	N/A	4,006	4,530	N/A	3.0	3.5	N/A
488		Plx2	3	5	N/A	12,551	5,733	N/A	5.3	6.4	N/A
488		Plx3	3	7	N/A	5,694	7,691	N/A	8.7	5.7	N/A
488		Plx4	3	2	N/A	20,200	61,965	N/A	5.3	19.5	N/A
489	Endocrine Disorders		172	235	N/A	3,864	3,669	N/A	4.8	3.6	N/A
489		Plx1	138	181	N/A	3,485	2,817	N/A	4.2	2.4	N/A
489		Plx2	29	39	N/A	8,166	7,364	N/A	12.7	9.0	N/A
489		Plx3	9	16	N/A	8,308	8,902	N/A	11.2	12.0	N/A
489		Plx4	11	5	N/A	20,228	16,064	N/A	30.7	12.0	N/A

N/A – Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Standard	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Standard	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Standard
500	PWS - Kidney Transplant		117	134	N/A	18,006	18,009	N/A	9.2	9.4	N/A
500		Pts1	48	52	N/A	14,000	13,916	N/A	7.5	7.0	N/A
500		Pts2	11	24	N/A	14,851	14,722	N/A	8.4	7.3	N/A
500		Pts3	34	28	N/A	21,995	19,168	N/A	10.3	10.4	N/A
500		Pts4	23	27	N/A	24,690	28,365	N/A	14.0	14.8	N/A
501	Urinary Diversion And Augmentation		110	97	N/A	12,349	13,678	N/A	10.5	11.8	N/A
501		Pts1	69	68	N/A	11,061	12,081	N/A	9.6	10.7	N/A
501		Pts2	14	19	N/A	12,487	14,415	N/A	11.1	11.7	N/A
501		Pts3	14	2	N/A	13,690	15,750	N/A	12.1	15.5	N/A
501		Pts4	17	8	N/A	26,372	42,600	N/A	24.4	25.8	N/A
502	Radical Prostatectomy		588	626	N/A	5,978	6,032	N/A	4.2	4.6	N/A
502		Pts1	528	538	N/A	5,861	5,869	N/A	4.1	4.5	N/A
502		Pts2	42	59	N/A	6,834	6,445	N/A	4.8	4.7	N/A
502		Pts3	20	25	N/A	7,697	8,773	N/A	5.8	7.7	N/A
502		Pts4	6	8	N/A	15,558	8,443	N/A	13.7	6.0	N/A
503	Dialysis Procedures		190	83	N/A	5,996	17,092	N/A	4.9	14.5	N/A
503		Pts1	113	33	N/A	2,015	4,906	N/A	1.0	3.6	N/A
503		Pts2	32	12	N/A	8,179	12,824	N/A	7.9	10.9	N/A
503		Pts3	11	15	N/A	12,406	19,112	N/A	10.6	16.6	N/A
503		Pts4	23	24	N/A	67,434	58,401	N/A	57.7	60.9	N/A
504	Major Urinary Tract Procedures		559	583	N/A	7,387	6,968	N/A	5.3	4.9	N/A
504		Pts1	476	472	N/A	6,865	6,405	N/A	4.8	4.4	N/A
504		Pts2	43	63	N/A	9,163	8,895	N/A	6.6	6.4	N/A
504		Pts3	26	44	N/A	11,762	11,021	N/A	9.5	8.8	N/A
504		Pts4	26	24	N/A	23,259	23,972	N/A	18.3	14.8	N/A
505	Reconstructive Urological Procedures		46	70	N/A	4,208	5,610	N/A	3.5	4.3	N/A
505		Pts1	41	57	N/A	4,295	4,719	N/A	3.6	3.6	N/A
505		Pts2	3	5	N/A	3,481	7,069	N/A	3.0	6.2	N/A
505		Pts3	2	2	N/A	3,509	9,703	N/A	3.5	7.5	N/A
505		Pts4			N/A			N/A			N/A

N/A – Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
506	Open Prostatectomy		15	27	N/A	5,120	5,277	N/A	4.1	4.6	N/A
506		Plx1	12	17	N/A	4,500	4,633	N/A	3.6	3.8	N/A
506		Plx2	2	6	N/A	5,124	6,436	N/A	5.0	5.5	N/A
506		Plx3			N/A			N/A			N/A
506		Plx4	1	1	N/A	12,550	8,753	N/A	8.0	9.0	N/A
507	Vascular And Other Urinary Procedures		23	33	N/A	9,772	9,868	N/A	7.4	9.4	N/A
507		Plx1	13	18	N/A	4,677	5,218	N/A	3.8	3.8	N/A
507		Plx2	3	2	N/A	14,583	10,549	N/A	8.7	9.0	N/A
507		Plx3	3	5	N/A	9,915	16,587	N/A	11.0	18.6	N/A
507		Plx4	6	13	N/A	49,496	56,975	N/A	46.0	44.8	N/A
508	Minor Upper Urinary Tract Procedures		297	265	N/A	6,301	6,602	N/A	4.7	5.1	N/A
508		Plx1	239	213	N/A	5,184	5,781	N/A	3.5	4.1	N/A
508		Plx2	26	28	N/A	9,410	8,721	N/A	8.7	8.2	N/A
508		Plx3	22	15	N/A	10,623	12,608	N/A	10.5	12.8	N/A
508		Plx4	11	11	N/A	22,405	23,896	N/A	19.9	22.1	N/A
509	Minor Lower Urinary Tract Procedures		67	93	N/A	4,156	3,528	N/A	2.6	2.4	N/A
509		Plx1	61	89	N/A	3,837	3,480	N/A	2.4	2.3	N/A
509		Plx2	4	5	N/A	7,759	5,894	N/A	6.0	6.2	N/A
509		Plx3	1	2	N/A	6,427	17,183	N/A	3.0	18.5	N/A
509		Plx4	1	1	N/A	6,936	54,338	N/A	2.0	16.0	N/A
510	Transurethral Prostatectomy		646	837	N/A	2,793	2,635	N/A	2.3	2.2	N/A
510		Plx1	613	807	N/A	2,706	2,582	N/A	2.2	2.1	N/A
510		Plx2	25	24	N/A	4,830	4,627	N/A	4.4	5.1	N/A
510		Plx3	9	11	N/A	4,942	4,930	N/A	5.9	6.3	N/A
510		Plx4	9	8	N/A	7,353	7,834	N/A	8.9	9.4	N/A
512	Other Transurethral Or Biopsy Procedures (MNRH)		978	927	N/A	1,985	2,169	N/A	1.6	1.9	N/A
512		Plx1	953	908	N/A	1,966	2,138	N/A	1.6	1.8	N/A
512		Plx2	29	16	N/A	4,373	4,576	N/A	4.4	5.4	N/A
512		Plx3	9	10	N/A	4,334	8,294	N/A	5.3	8.9	N/A
512		Plx4	6	10	N/A	21,321	15,090	N/A	23.7	15.1	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
514	Miscellaneous Urinary Tract Procedures (MNRH)		17	3	N/A	2,388	2,740	N/A	1.7	2.3	N/A
514		Plx1	16	2	N/A	2,430	2,644	N/A	1.8	1.5	N/A
514		Plx2	1	1	N/A	1,707	2,933	N/A	1.0	4.0	N/A
514		Plx3			N/A			N/A			N/A
514		Plx4			N/A			N/A			N/A
520	Renal Failure With Dialysis		127	192	N/A	15,655	15,038	N/A	14.8	14.4	N/A
520		Plx1	25	57	N/A	9,214	6,444	N/A	9.2	7.2	N/A
520		Plx2	29	41	N/A	8,876	14,082	N/A	9.7	14.9	N/A
520		Plx3	35	35	N/A	17,236	14,581	N/A	17.1	14.1	N/A
520		Plx4	37	65	N/A	26,130	28,093	N/A	21.1	27.0	N/A
521	Renal Failure Without Dialysis		523	458	N/A	5,647	5,731	N/A	8.0	7.5	N/A
521		Plx1	199	171	N/A	3,799	4,014	N/A	5.8	5.6	N/A
521		Plx2	150	133	N/A	5,111	5,003	N/A	7.6	7.4	N/A
521		Plx3	117	108	N/A	7,856	6,707	N/A	10.7	9.2	N/A
521		Plx4	65	55	N/A	11,367	15,260	N/A	14.1	15.5	N/A
522	Urinary Neoplasm		161	173	N/A	6,762	7,361	N/A	9.7	10.5	N/A
522		Plx1	68	73	N/A	4,166	4,771	N/A	6.2	6.6	N/A
522		Plx2	45	37	N/A	6,919	7,595	N/A	10.9	11.6	N/A
522		Plx3	29	32	N/A	8,227	7,994	N/A	11.7	12.4	N/A
522		Plx4	22	27	N/A	17,172	10,822	N/A	22.7	13.4	N/A
524	Nephrotic Syndrome		53	50	N/A	4,907	3,760	N/A	4.7	4.4	N/A
524		Plx1	35	41	N/A	4,076	3,306	N/A	3.8	3.8	N/A
524		Plx2	8	4	N/A	6,030	3,270	N/A	7.5	4.0	N/A
524		Plx3	7	5	N/A	3,587	7,870	N/A	4.4	9.2	N/A
524		Plx4	3	1	N/A	14,680	15,522	N/A	9.0	23.0	N/A
525	Nephropathy Without Nephrotic Syndrome		35	31	N/A	6,877	4,009	N/A	7.6	4.5	N/A
525		Plx1	14	18	N/A	4,515	2,942	N/A	4.4	3.2	N/A
525		Plx2	5	3	N/A	9,777	6,658	N/A	10.6	6.0	N/A
525		Plx3	11	7	N/A	5,413	3,466	N/A	7.4	5.0	N/A
525		Plx4	5	3	N/A	29,631	9,033	N/A	27.0	10.3	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
526	Miscellaneous Nephrological Diagnosis		16	14	N/A	4,666	3,446	N/A	4.4	5.3	N/A
526		Plx1	12	7	N/A	3,393	2,318	N/A	2.4	4.1	N/A
526		Plx2	6	3	N/A	26,213	3,725	N/A	31.8	5.0	N/A
526		Plx3	1	3	N/A	6,299	3,274	N/A	7.0	5.3	N/A
526		Plx4			N/A			N/A			N/A
527	Upper Urinary Tract Infection		433	415	N/A	2,964	2,776	N/A	4.0	3.9	N/A
527		Plx1	350	337	N/A	2,641	2,445	N/A	3.6	3.4	N/A
527		Plx2	40	32	N/A	4,135	4,110	N/A	6.2	5.7	N/A
527		Plx3	33	30	N/A	4,303	4,327	N/A	6.2	5.9	N/A
527		Plx4	6	18	N/A	10,090	9,273	N/A	7.5	9.9	N/A
529	Lower Urinary Tract Infection		745	688	N/A	3,845	3,700	N/A	5.4	5.3	N/A
529		Plx1	496	444	N/A	3,073	3,060	N/A	4.5	4.5	N/A
529		Plx2	126	137	N/A	4,630	4,336	N/A	6.9	6.6	N/A
529		Plx3	89	69	N/A	6,247	4,996	N/A	8.9	6.7	N/A
529		Plx4	59	51	N/A	10,352	11,091	N/A	12.2	15.1	N/A
532	Urinary Retention And Other Functional Disorders Of Bladder		66	72	N/A	2,242	2,129	N/A	3.5	3.3	N/A
532		Plx1	48	65	N/A	1,742	1,953	N/A	2.8	3.1	N/A
532		Plx2	11	7	N/A	3,843	3,764	N/A	5.4	4.9	N/A
532		Plx3	5		N/A	2,744		N/A	3.8		N/A
532		Plx4	2	1	N/A	4,182	16,974	N/A	7.5	24.0	N/A
534	Miscellaneous Urological Diagnoses (MNRH)		123	130	N/A	2,998	3,674	N/A	3.9	4.5	N/A
534		Plx1	94	98	N/A	2,345	2,851	N/A	3.1	3.6	N/A
534		Plx2	19	17	N/A	5,684	3,593	N/A	7.3	5.8	N/A
534		Plx3	7	9	N/A	7,068	6,250	N/A	8.7	8.4	N/A
534		Plx4	5	7	N/A	7,190	14,345	N/A	10.0	13.9	N/A
535	Hematuria (MNRH)		135	84	N/A	2,620	1,979	N/A	3.8	3.2	N/A
535		Plx1	98	68	N/A	2,378	2,000	N/A	3.6	3.2	N/A
535		Plx2	25	14	N/A	1,992	1,773	N/A	2.8	2.9	N/A
535		Plx3	7	2	N/A	5,501	2,701	N/A	7.9	4.0	N/A
535		Plx4	4		N/A	8,694		N/A	11.3		N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
536	Urinary Obstruction (MNRH)		739	711	N/A	1,790	1,734	N/A	2.1	2.1	N/A
536		Pix1	674	645	N/A	1,725	1,617	N/A	2.0	2.0	N/A
536		Pix2	44	50	N/A	2,872	2,985	N/A	3.8	3.8	N/A
536		Pix3	28	25	N/A	3,677	5,044	N/A	4.4	6.1	N/A
536		Pix4	11	12	N/A	11,213	8,053	N/A	17.2	8.9	N/A
538	Admission For Dialysis (MNRH)		1	1	N/A	1,810	1,337	N/A	1.0	1.0	N/A
538		Pix1	1		N/A	1,810		N/A	1.0		N/A
538		Pix2			N/A			N/A			N/A
538		Pix3			N/A			N/A			N/A
538		Pix4			N/A			N/A			N/A
550	Major Pelvic And Retroperitoneum Procedures				N/A			N/A			N/A
550		Pix1			N/A			N/A			N/A
550		Pix2			N/A			N/A			N/A
550		Pix3			N/A			N/A			N/A
550		Pix4			N/A			N/A			N/A
551	Penis Procedures		60	58	N/A	3,455	4,505	N/A	1.7	2.0	N/A
551		Pix1	57	55	N/A	3,281	4,368	N/A	1.7	1.8	N/A
551		Pix2	2	1	N/A	12,370	7,201	N/A	6.0	4.0	N/A
551		Pix3			N/A			N/A			N/A
551		Pix4	4		N/A	58,381		N/A	41.8		N/A
552	Testes Procedures		75	75	N/A	2,277	2,393	N/A	1.4	1.9	N/A
552		Pix1	73	69	N/A	2,255	2,220	N/A	1.4	1.6	N/A
552		Pix2	6	3	N/A	11,879	7,734	N/A	16.8	9.7	N/A
552		Pix3	2		N/A	19,666		N/A	16.0		N/A
552		Pix4			N/A			N/A			N/A
554	Miscellaneous Male Reproductive System Procedures (MNRH)		63	58	N/A	1,784	1,808	N/A	1.0	1.0	N/A
554		Pix1	63	57	N/A	1,784	1,801	N/A	1.0	1.0	N/A
554		Pix2			N/A			N/A			N/A
554		Pix3			N/A			N/A			N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
554		Pix4			N/A			N/A			N/A
555	Circumcision (MNRH)		4	7	N/A	1,494	2,001	N/A	1.0	1.0	N/A
555		Pix1	4	7	N/A	1,494	2,001	N/A	1.0	1.0	N/A
555		Pix2			N/A			N/A			N/A
555		Pix3			N/A			N/A			N/A
555		Pix4			N/A			N/A			N/A
560	Malignancy Of Male Reproductive Organ		3	3	N/A	8,724	2,687	N/A	7.7	3.7	N/A
560		Pix1	1	2	N/A	10,615	2,066	N/A	4.0	3.0	N/A
560		Pix2	1		N/A	7,733		N/A	6.0		N/A
560		Pix3	1	1	N/A	7,824	3,931	N/A	13.0	5.0	N/A
560		Pix4			N/A			N/A			N/A
561	Male Reproductive System Inflammation		41	42	N/A	2,390	2,417	N/A	3.6	4.0	N/A
561		Pix1	38	36	N/A	2,241	2,136	N/A	3.5	3.5	N/A
561		Pix2	1	5	N/A	4,295	4,938	N/A	6.0	8.6	N/A
561		Pix3	1	2	N/A	2,151	4,613	N/A	3.0	6.5	N/A
561		Pix4	1		N/A	6,390		N/A	7.0		N/A
562	Other Male Reproductive System Diagnoses		16	11	N/A	2,412	1,676	N/A	3.0	2.5	N/A
562		Pix1	14	10	N/A	1,607	1,485	N/A	2.7	2.3	N/A
562		Pix2	1	1	N/A	1,694	3,584	N/A	3.0	5.0	N/A
562		Pix3			N/A			N/A			N/A
562		Pix4	1		N/A	14,402		N/A	7.0		N/A
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		4	7	N/A	518	1,528	N/A	1.0	2.0	N/A
563		Pix1	4	7	N/A	518	1,528	N/A	1.0	2.0	N/A
563		Pix2			N/A			N/A			N/A
563		Pix3	1		N/A	42,885		N/A	69.0		N/A
563		Pix4			N/A			N/A			N/A
575	PWS - Pelvic Exenteration		1	4	N/A	17,697	26,577	N/A	10.0	21.3	N/A
575		Pix1			N/A			N/A			N/A
575		Pix2			N/A			N/A			N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
575		Pix3	1	1	N/A	17,697	22,497	N/A	10.0	18.0	N/A
575		Pix4			N/A			N/A			N/A
576	PWS - Radical Hysterectomy And Vulvectomy		108	156	N/A	6,666	7,678	N/A	5.3	6.3	N/A
576		Pix1	81	91	N/A	6,099	6,768	N/A	4.7	5.3	N/A
576		Pix2	18	34	N/A	8,052	8,593	N/A	6.8	7.4	N/A
576		Pix3	7	23	N/A	8,647	9,264	N/A	6.6	8.3	N/A
576		Pix4	3	11	N/A	22,298	11,465	N/A	27.7	9.7	N/A
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		161	140	N/A	7,113	7,764	N/A	5.9	6.8	N/A
577		Pix1	113	86	N/A	6,362	6,127	N/A	5.3	5.5	N/A
577		Pix2	23	32	N/A	8,098	9,366	N/A	6.5	8.2	N/A
577		Pix3	17	14	N/A	10,302	12,025	N/A	9.8	10.8	N/A
577		Pix4	14	11	N/A	14,942	16,903	N/A	13.4	16.0	N/A
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		310	236	N/A	5,251	4,766	N/A	4.4	4.1	N/A
578		Pix1	260	183	N/A	4,835	4,223	N/A	4.1	3.6	N/A
578		Pix2	25	31	N/A	6,514	6,620	N/A	4.8	5.9	N/A
578		Pix3	20	12	N/A	8,181	9,474	N/A	7.3	9.1	N/A
578		Pix4	14	9	N/A	22,944	9,975	N/A	19.0	9.8	N/A
579	Major Uterine And Adnexal Procedures Without Malignancy		4,287	4,042	N/A	3,667	3,589	N/A	3.2	3.1	N/A
579		Pix1	3,941	3,765	N/A	3,519	3,528	N/A	3.0	3.1	N/A
579		Pix2	217	268	N/A	4,941	5,209	N/A	4.1	4.6	N/A
579		Pix3	118	131	N/A	6,275	6,025	N/A	5.3	5.5	N/A
579		Pix4	27	60	N/A	8,000	9,275	N/A	6.6	7.6	N/A
581	Reconstructive Gynecological Procedures		768	886	N/A	3,966	3,510	N/A	3.2	3.0	N/A
581		Pix1	683	803	N/A	3,744	3,264	N/A	3.0	2.8	N/A
581		Pix2	70	62	N/A	5,576	5,793	N/A	4.6	5.1	N/A
581		Pix3	19	22	N/A	7,417	6,952	N/A	6.3	6.0	N/A
581		Pix4	4	8	N/A	8,425	8,024	N/A	7.3	5.9	N/A
582	Other Gynecological Procedures		92	71	N/A	4,210	3,483	N/A	4.0	3.0	N/A
582		Pix1	79	65	N/A	3,807	3,067	N/A	3.5	2.7	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
582		Plx2	5	7	N/A	5,565	9,712	N/A	5.2	9.0	N/A
582		Plx3	6	3	N/A	9,005	11,211	N/A	7.3	10.7	N/A
582		Plx4	1	2	N/A	30,219	22,995	N/A	37.0	27.0	N/A
583	**Radio-Implant For Malignancy**		**34**	**28**	**N/A**	**3,672**	**4,032**	**N/A**	**2.1**	**2.0**	**N/A**
583		Plx1	33	28	N/A	3,590	4,032	N/A	2.0	2.0	N/A
583		Plx2	1		N/A	6,366		N/A	4.0		N/A
583		Plx3			N/A			N/A			N/A
583		Plx4			N/A			N/A			N/A
584	**Vagina, Cervix And Vulva Procedures**		**84**	**90**	**N/A**	**2,298**	**2,438**	**N/A**	**1.7**	**2.1**	**N/A**
584		Plx1	83	85	N/A	2,275	2,255	N/A	1.7	1.9	N/A
584		Plx2	1	6	N/A	6,437	6,707	N/A	6.0	5.7	N/A
584		Plx3	2	1	N/A	6,610	7,433	N/A	8.0	12.0	N/A
584		Plx4			N/A			N/A			N/A
585	**Gynecological Laparoscopy (MNRH)**		**23**	**67**	**N/A**	**2,139**	**2,435**	**N/A**	**1.9**	**2.3**	**N/A**
585		Plx1	23	67	N/A	2,139	2,435	N/A	1.9	2.3	N/A
585		Plx2			N/A			N/A			N/A
585		Plx3			N/A			N/A			N/A
585		Plx4			N/A			N/A			N/A
586	**Tubal Interruption (MNRH)**		**5**	**10**	**N/A**	**2,322**	**1,508**	**N/A**	**2.2**	**1.1**	**N/A**
586		Plx1	5	10	N/A	2,322	1,508	N/A	2.2	1.1	N/A
586		Plx2			N/A			N/A			N/A
586		Plx3			N/A			N/A			N/A
586		Plx4			N/A			N/A			N/A
587	**Miscellaneous Gynecological Procedures (MNRH)**		**234**	**263**	**N/A**	**1,390**	**1,241**	**N/A**	**1.3**	**1.3**	**N/A**
587		Plx1	231	256	N/A	1,374	1,213	N/A	1.3	1.3	N/A
587		Plx2	4	3	N/A	4,090	2,792	N/A	3.8	3.3	N/A
587		Plx3	3	4	N/A	19,789	2,389	N/A	32.3	1.5	N/A
587		Plx4			N/A			N/A			N/A
592	**Malignancy Of Female Reproductive Organ**		**68**	**53**	**N/A**	**6,690**	**4,845**	**N/A**	**9.7**	**7.5**	**N/A**
592		Plx1	34	23	N/A	4,857	3,176	N/A	7.5	4.7	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
592		Pix2	16	17	N/A	5,436	6,683	N/A	7.4	11.2	N/A
592		Pix3	11	6	N/A	10,370	3,879	N/A	14.8	5.8	N/A
592		Pix4	7	6	N/A	16,156	6,265	N/A	19.3	8.8	N/A
594	Female Reproductive System Infection		79	92	N/A	2,128	1,949	N/A	3.1	3.1	N/A
594		Pix1	75	88	N/A	2,073	1,956	N/A	3.1	3.1	N/A
594		Pix2	3	3	N/A	3,590	1,709	N/A	4.7	3.3	N/A
594		Pix3	1	1	N/A	1,818	2,074	N/A	2.0	2.0	N/A
594		Pix4			N/A			N/A			N/A
595	Other Female Reproductive System Diagnoses And Injuries		18	71	N/A	1,891	1,712	N/A	2.6	2.5	N/A
595		Pix1	16	66	N/A	1,852	1,587	N/A	2.6	2.4	N/A
595		Pix2	2	2	N/A	2,208	2,447	N/A	2.5	3.5	N/A
595		Pix3			N/A			N/A			N/A
595		Pix4			N/A			N/A			N/A
596	Miscellaneous Gynecological Diagnoses (MNRH)		262	254	N/A	1,635	1,411	N/A	1.9	1.9	N/A
596		Pix1	234	246	N/A	1,457	1,374	N/A	1.6	1.8	N/A
596		Pix2	7	5	N/A	2,082	2,463	N/A	2.6	2.8	N/A
596		Pix3	4	3	N/A	3,676	4,931	N/A	8.8	6.0	N/A
596		Pix4	3	1	N/A	22,162	3,432	N/A	37.0	4.0	N/A
599	Premature Labour		393	403	N/A	2,380	2,711	N/A	3.3	3.3	N/A
599		Pix9	393	403	N/A	2,380	2,711	N/A	3.3	3.3	N/A
600	Major Procedures In Pregnancy Or Childbirth		126	71	N/A	5,715	7,856	N/A	4.7	5.8	N/A
600		Pix9	126	71	N/A	5,715	7,856	N/A	4.7	5.8	N/A
601	Repeat Caesarean Delivery With Complicating Diagnosis		514	741	N/A	3,200	3,423	N/A	3.2	3.3	N/A
601		Pix9	514	741	N/A	3,200	3,423	N/A	3.2	3.3	N/A
602	Caesarean Delivery With Complicating Diagnosis		2,189	1,842	N/A	4,070	4,344	N/A	3.8	3.9	N/A
602		Pix9	2,189	1,842	N/A	4,070	4,344	N/A	3.8	3.9	N/A
603	Repeat Caesarean Delivery		1,290	973	N/A	2,640	2,641	N/A	2.8	2.7	N/A
603		Pix9	1,290	973	N/A	2,640	2,641	N/A	2.8	2.7	N/A
604	Caesarean Delivery		2,040	1,835	N/A	3,479	3,554	N/A	3.2	3.3	N/A
604		Pix9	2,040	1,835	N/A	3,479	3,554	N/A	3.2	3.3	N/A

N/A -- Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Blended
605	Fetal Surgery		1	2	N/A	18,301	2,979	N/A	21.0	4.0	N/A
605		Plx9	1	2	N/A	18,301	2,979	N/A	21.0	4.0	N/A
606	Vaginal Delivery With Sterilization Procedures		24	32	N/A	2,746	2,757	N/A	2.0	2.4	N/A
606		Plx9	24	32	N/A	2,746	2,757	N/A	2.0	2.4	N/A
607	Vaginal Delivery With Minor Procedures		133	130	N/A	2,606	3,087	N/A	2.1	2.2	N/A
607		Plx9	133	130	N/A	2,606	3,087	N/A	2.1	2.2	N/A
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		346	395	N/A	2,316	2,512	N/A	1.8	2.0	N/A
608		Plx9	346	395	N/A	2,316	2,512	N/A	1.8	2.0	N/A
609	Vaginal Delivery With Complicating Diagnosis		7,764	7,664	N/A	2,376	2,429	N/A	2.0	2.0	N/A
609		Plx9	7,764	7,664	N/A	2,376	2,429	N/A	2.0	2.0	N/A
610	Vaginal Delivery After Caesarean Delivery (VBAC)		448	462	N/A	1,982	2,036	N/A	1.5	1.5	N/A
610		Plx9	448	462	N/A	1,982	2,036	N/A	1.5	1.5	N/A
611	Vaginal Delivery		9,847	10,030	N/A	1,816	1,788	N/A	1.5	1.5	N/A
611		Plx9	9,847	10,030	N/A	1,816	1,788	N/A	1.5	1.5	N/A
612	Ectopic Pregnancy With Major Procedures		84	162	N/A	3,424	2,938	N/A	3.0	2.5	N/A
612		Plx9	84	162	N/A	3,424	2,938	N/A	3.0	2.5	N/A
613	Ectopic Pregnancy With Minor Procedures		257	176	N/A	2,303	2,304	N/A	1.5	1.6	N/A
613		Plx9	257	176	N/A	2,303	2,304	N/A	1.5	1.6	N/A
614	Ectopic Pregnancy		53	39	N/A	657	588	N/A	1.0	1.0	N/A
614		Plx9	53	39	N/A	657	588	N/A	1.0	1.0	N/A
615	Threatened Abortion		82	72	N/A	1,003	1,050	N/A	1.4	1.5	N/A
615		Plx9	82	72	N/A	1,003	1,050	N/A	1.4	1.5	N/A
616	Abortive Outcome With Injection		25	6	N/A	1,462	3,353	N/A	1.5	1.2	N/A
616		Plx9	25	6	N/A	1,462	3,353	N/A	1.5	1.2	N/A
617	Abortive Outcome With D And C		822	867	N/A	891	854	N/A	1.0	1.0	N/A
617		Plx9	822	867	N/A	891	854	N/A	1.0	1.0	N/A
618	Abortive Outcome		195	165	N/A	1,172	1,210	N/A	1.0	1.4	N/A
618		Plx9	195	165	N/A	1,172	1,210	N/A	1.0	1.4	N/A

N/A -- Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
619	False Labour LOS < 3 Days (MNRH)		449	429	N/A	871	826	N/A	1.0	1.0	N/A
619		Plx9	449	429	N/A	871	826	N/A	1.0	1.0	N/A
620	Post-Partum Diagnosis With Procedures Other Than D And C		14	34	N/A	3,636	4,019	N/A	4.4	4.1	N/A
620		Plx9	14	34	N/A	3,636	4,019	N/A	4.4	4.1	N/A
621	Post-Partum Diagnosis With D And C		144	139	N/A	1,453	1,177	N/A	1.4	1.4	N/A
621		Plx9	144	139	N/A	1,453	1,177	N/A	1.4	1.4	N/A
622	Post-Partum Diagnosis		436	422	N/A	1,749	1,667	N/A	2.4	2.3	N/A
622		Plx9	436	422	N/A	1,749	1,667	N/A	2.4	2.3	N/A
623	Antepartum Diagnosis With Complicating Diagnosis		653	705	N/A	1,836	1,686	N/A	2.8	2.4	N/A
623		Plx9	653	705	N/A	1,836	1,686	N/A	2.8	2.4	N/A
624	Antepartum Diagnosis		998	811	N/A	1,353	1,220	N/A	1.7	1.6	N/A
624		Plx9	998	811	N/A	1,353	1,220	N/A	1.7	1.6	N/A
625	PWS - Neonates Weight < 750 Grams		61	102	N/A	11,438	53,062	N/A	3.9	21.5	N/A
625		Plx9	61	102	N/A	11,438	53,062	N/A	3.9	21.5	N/A
626	PWS - Neonates Weight 750-999 Grams		117	105	N/A	75,776	81,747	N/A	38.9	43.9	N/A
626		Plx9	117	105	N/A	75,776	81,747	N/A	38.9	43.9	N/A
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		8	14	N/A	53,882	45,734	N/A	32.8	25.1	N/A
627		Plx9	8	14	N/A	53,882	45,734	N/A	32.8	25.1	N/A
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		343	328	N/A	34,909	35,201	N/A	25.1	25.1	N/A
628		Plx9	343	328	N/A	34,909	35,201	N/A	25.1	25.1	N/A
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		5	7	N/A	17,213	27,784	N/A	12.2	17.4	N/A
630		Plx9	5	7	N/A	17,213	27,784	N/A	12.2	17.4	N/A
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		186	160	N/A	21,359	21,723	N/A	16.2	16.1	N/A
631		Plx9	186	160	N/A	21,359	21,723	N/A	16.2	16.1	N/A
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		482	515	N/A	12,876	11,536	N/A	13.5	12.5	N/A
632		Plx9	482	515	N/A	12,876	11,536	N/A	13.5	12.5	N/A
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		7	11	N/A	19,083	19,871	N/A	8.9	10.5	N/A

N/A -- Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts. Level	Casmix Cases			Average Cost			Average LOS of Casmix Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
636		Plx9	7	11	N/A	19,083	19,871	N/A	8.9	10.5	N/A
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		199	195	N/A	17,516	15,407	N/A	11.0	10.3	N/A
637		Plx9	199	195	N/A	17,516	15,407	N/A	11.0	10.3	N/A
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		253	241	N/A	10,659	9,716	N/A	9.2	8.7	N/A
638		Plx9	253	241	N/A	10,659	9,716	N/A	9.2	8.7	N/A
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		875	811	N/A	4,405	4,840	N/A	5.3	5.9	N/A
639		Plx9	875	811	N/A	4,405	4,840	N/A	5.3	5.9	N/A
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		216	227	N/A	1,052	1,014	N/A	1.8	1.7	N/A
640		Plx9	216	227	N/A	1,052	1,014	N/A	1.8	1.7	N/A
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		43	31	N/A	24,878	28,421	N/A	8.7	9.8	N/A
643		Plx9	43	31	N/A	24,878	28,421	N/A	8.7	9.8	N/A
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		662	649	N/A	9,585	11,257	N/A	5.3	5.9	N/A
644		Plx9	662	649	N/A	9,585	11,257	N/A	5.3	5.9	N/A
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		1,340	1,099	N/A	3,600	3,580	N/A	3.4	3.3	N/A
645		Plx9	1,340	1,099	N/A	3,600	3,580	N/A	3.4	3.3	N/A
646	Neonates Weight > 2500 gm With Caesarian Delivery		4,368	4,537	N/A	1,354	1,496	N/A	2.7	3.0	N/A
646		Plx9	4,368	4,537	N/A	1,354	1,496	N/A	2.7	3.0	N/A
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		1,988	1,994	N/A	1,690	1,813	N/A	2.1	2.2	N/A
647		Plx9	1,988	1,994	N/A	1,690	1,813	N/A	2.1	2.2	N/A
648	Neonates Weight > 2500 gm (Normal Newborn)		16,437	15,900	N/A	740	757	N/A	1.3	1.4	N/A
648		Plx9	16,437	15,900	N/A	740	757	N/A	1.3	1.4	N/A
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		126	117	N/A	81,880	85,416	N/A	39.8	43.7	N/A
650		Plx1	3	4	N/A	23,435	25,777	N/A	12.7	13.3	N/A
650		Plx2	6	2	N/A	40,170	17,420	N/A	24.7	14.5	N/A
650		Plx3	8	3	N/A	49,766	36,947	N/A	31.0	31.3	N/A
650		Plx4	108	108	N/A	88,427	91,430	N/A	41.9	46.3	N/A
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		5	2	N/A	45,966	38,576	N/A	20.8	18.0	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pro Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
651		Plx9	5	2	N/A	45,966	38,576	N/A	20.8	18.0	N/A
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		6	1	N/A	58,356	19,184	N/A	27.3	5.0	N/A
652		Plx9	6	1	N/A	58,356	19,184	N/A	27.3	5.0	N/A
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		16	24	N/A	49,111	42,390	N/A	28.2	22.1	N/A
653		Plx9	16	24	N/A	49,111	42,390	N/A	28.2	22.1	N/A
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		4	5	N/A	33,304	35,749	N/A	10.8	16.2	N/A
654		Plx9	4	5	N/A	33,304	35,749	N/A	10.8	16.2	N/A
655	PWS - Spinal Procedures With Femur Procedures For Trauma		6	6	N/A	34,129	23,990	N/A	15.7	13.2	N/A
655		Plx9	6	6	N/A	34,129	23,990	N/A	15.7	13.2	N/A
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		1	3	N/A	44,617	38,970	N/A	41.0	16.3	N/A
656		Plx9	1	3	N/A	44,617	38,970	N/A	41.0	16.3	N/A
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		25	12	N/A	25,935	29,724	N/A	16.5	15.4	N/A
657		Plx9	25	12	N/A	25,935	29,724	N/A	16.5	15.4	N/A
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		75	88	N/A	25,720	21,071	N/A	15.1	13.8	N/A
658		Plx9	75	88	N/A	25,720	21,071	N/A	15.1	13.8	N/A
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		13	21	N/A	44,780	27,872	N/A	23.5	15.7	N/A
659		Plx9	13	21	N/A	44,780	27,872	N/A	23.5	15.7	N/A
660	PWS - Intracranial Procedures For Trauma		139	121	N/A	14,196	18,357	N/A	6.6	8.6	N/A
660		Plx1	70	49	N/A	7,821	9,695	N/A	4.4	5.4	N/A
660		Plx2	25	25	N/A	12,119	11,777	N/A	6.4	7.6	N/A
660		Plx3	7	14	N/A	11,080	23,910	N/A	6.7	10.6	N/A
660		Plx4	33	33	N/A	31,701	36,091	N/A	11.0	14.8	N/A
661	PWS - Spinal Procedures For Trauma		127	161	N/A	18,622	15,326	N/A	11.0	10.3	N/A
661		Plx1	63	110	N/A	10,889	12,357	N/A	6.4	8.6	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pt. Level	Casmi Cases			Average Cost			Average LOS of Casmi Cases		
			2002/2003	2001/2002	Variance	2002/2003	2001/2002	Variance	2002/2003	2001/2002	Variance
661		Plx2	36	24	N/A	17,564	19,385	N/A	10.9	13.3	N/A
661		Plx3	12	15	N/A	31,856	18,274	N/A	22.9	13.3	N/A
661		Plx4	19	19	N/A	60,792	55,191	N/A	35.9	25.5	N/A
662	Femur Or Pelvic Procedures For Trauma		1,103	1,153	N/A	9,760	9,148	N/A	9.8	8.9	N/A
662		Plx1	735	787	N/A	7,802	7,537	N/A	7.6	7.2	N/A
662		Plx2	203	183	N/A	11,930	11,783	N/A	13.0	12.3	N/A
662		Plx3	90	101	N/A	15,468	12,928	N/A	17.6	13.2	N/A
662		Plx4	77	101	N/A	22,413	20,765	N/A	22.5	22.1	N/A
663	Thoraco-Abdominal Procedures For Trauma		146	161	N/A	11,966	11,893	N/A	7.9	7.4	N/A
663		Plx1	72	66	N/A	7,573	6,978	N/A	6.0	5.8	N/A
663		Plx2	28	32	N/A	12,232	8,352	N/A	8.9	5.9	N/A
663		Plx3	24	27	N/A	14,145	11,736	N/A	8.7	8.3	N/A
663		Plx4	24	44	N/A	31,777	33,472	N/A	14.3	15.6	N/A
664	Wound Debridement And Skin Graft For Trauma		267	564	N/A	13,071	8,118	N/A	10.1	6.3	N/A
664		Plx1	197	407	N/A	8,884	5,928	N/A	7.0	4.5	N/A
664		Plx2	29	106	N/A	20,827	12,050	N/A	17.0	9.4	N/A
664		Plx3	20	29	N/A	26,249	18,530	N/A	21.4	15.9	N/A
664		Plx4	25	27	N/A	41,328	33,319	N/A	26.3	22.4	N/A
665	PWS - Elevated Skull Fractures		18	12	N/A	7,919	15,756	N/A	4.9	7.3	N/A
665		Plx1	15	7	N/A	8,141	5,287	N/A	4.9	2.7	N/A
665		Plx2	3	1	N/A	6,808	8,161	N/A	5.0	7.0	N/A
665		Plx3			N/A			N/A			N/A
665		Plx4			N/A			N/A			N/A
666	Major Lower Extremity Procedures For Trauma		1,994	1,955	N/A	4,091	3,951	N/A	2.9	3.0	N/A
666		Plx1	1,915	1,854	N/A	3,956	3,812	N/A	2.8	2.9	N/A
666		Plx2	101	117	N/A	10,897	8,740	N/A	8.5	7.4	N/A
666		Plx3	40	42	N/A	14,961	12,070	N/A	12.4	10.2	N/A
666		Plx4	38	32	N/A	29,737	22,818	N/A	21.9	18.0	N/A
667	Minor Lower Extremity Procedures For Trauma		71	54	N/A	4,378	3,908	N/A	2.9	3.0	N/A
667		Plx1	67	51	N/A	3,763	3,481	N/A	2.6	2.7	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Blended
667		Plx2	3	1	N/A	16,456	18,759	N/A	8.7	28.0	N/A
667		Plx3			N/A			N/A			N/A
667		Plx4	1		N/A	30,718		N/A	15.0		N/A
668	Miscellaneous Musculoskeletal Procedures For Trauma		402	355	N/A	4,648	4,693	N/A	3.1	3.3	N/A
668		Plx1	370	327	N/A	4,521	4,271	N/A	3.1	3.0	N/A
668		Plx2	33	15	N/A	7,107	8,994	N/A	4.9	6.7	N/A
668		Plx3	5	6	N/A	17,050	12,243	N/A	9.4	7.3	N/A
668		Plx4	6	5	N/A	35,899	26,049	N/A	17.2	12.8	N/A
669	Vascular Repair For Trauma		59	40	N/A	5,577	5,757	N/A	3.1	3.0	N/A
669		Plx1	50	29	N/A	4,519	4,027	N/A	2.5	2.3	N/A
669		Plx2	5	5	N/A	13,205	7,775	N/A	6.6	3.8	N/A
669		Plx3	3	3	N/A	14,425	8,490	N/A	8.0	4.7	N/A
669		Plx4	1	5	N/A	6,748	23,835	N/A	4.0	11.6	N/A
670	Upper Extremity Procedures For Trauma		1,605	1,267	N/A	2,818	3,206	N/A	1.7	2.1	N/A
670		Plx1	1,584	1,152	N/A	2,784	2,911	N/A	1.7	1.8	N/A
670		Plx2	53	45	N/A	8,731	6,350	N/A	6.5	4.6	N/A
670		Plx3	9	12	N/A	16,155	9,050	N/A	12.4	7.0	N/A
670		Plx4	7	6	N/A	30,337	13,402	N/A	35.6	11.2	N/A
674	PWS - Intracranial Injuries With Spinal Injuries		31	26	N/A	13,712	19,940	N/A	8.6	10.6	N/A
674		Plx9	31	26	N/A	13,712	19,940	N/A	8.6	10.6	N/A
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		10	12	N/A	7,950	4,803	N/A	6.9	2.7	N/A
675		Plx9	10	12	N/A	7,950	4,803	N/A	6.9	2.7	N/A
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		31	38	N/A	17,784	15,255	N/A	12.1	8.8	N/A
676		Plx9	31	38	N/A	17,784	15,255	N/A	12.1	8.8	N/A
677	Spinal Injuries With Fractures Of Femur		57	42	N/A	7,303	6,270	N/A	8.8	7.3	N/A
677		Plx9	57	42	N/A	7,303	6,270	N/A	8.8	7.3	N/A
678	Spinal Injuries With Thoraco-Abdominal Injuries		68	65	N/A	7,775	6,811	N/A	7.4	6.9	N/A
678		Plx9	68	65	N/A	7,775	6,811	N/A	7.4	6.9	N/A
679	Fractures Of Femur With Thoraco-Abdominal Injuries		30	27	N/A	8,505	9,020	N/A	9.1	9.4	N/A
679		Plx9	30	27	N/A	8,505	9,020	N/A	9.1	9.4	N/A

N/A -- Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Casted Cases			Average Cost			Average LOS of Casted Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
680	Femur Or Pelvic Fractures And Dislocations		357	286	N/A	6,045	5,704	N/A	9.5	9.7	N/A
680		Plx1	265	211	N/A	4,587	4,828	N/A	7.4	8.2	N/A
680		Plx2	53	43	N/A	11,324	9,798	N/A	17.7	16.6	N/A
680		Plx3	19	18	N/A	8,363	8,780	N/A	12.5	14.1	N/A
680		Plx4	16	18	N/A	9,275	12,865	N/A	10.2	18.3	N/A
681	Frostbite		19	10	N/A	8,290	4,114	N/A	12.4	6.6	N/A
681		Plx1	18	8	N/A	8,531	4,027	N/A	12.6	6.6	N/A
681		Plx2	1	1	N/A	3,956	1,185	N/A	10.0	3.0	N/A
681		Plx3	1	1	N/A	63,683	7,740	N/A	109.0	10.0	N/A
681		Plx4			N/A			N/A			N/A
682	Spinal Injuries		360	344	N/A	4,638	3,877	N/A	5.6	4.9	N/A
682		Plx1	275	298	N/A	3,834	3,526	N/A	4.7	4.4	N/A
682		Plx2	62	39	N/A	4,346	6,668	N/A	5.4	9.1	N/A
682		Plx3	13	6	N/A	13,476	10,850	N/A	16.8	15.0	N/A
682		Plx4	14	10	N/A	24,689	22,206	N/A	30.2	29.1	N/A
683	Intracranial Injuries		288	355	N/A	5,361	6,116	N/A	4.4	5.1	N/A
683		Plx1	200	267	N/A	3,820	4,012	N/A	3.3	3.8	N/A
683		Plx2	20	31	N/A	5,088	8,038	N/A	5.9	6.6	N/A
683		Plx3	42	22	N/A	7,526	9,880	N/A	6.5	8.8	N/A
683		Plx4	33	40	N/A	21,062	23,894	N/A	16.8	16.4	N/A
684	Fracture Of Humerus		93	73	N/A	4,536	4,291	N/A	8.3	6.3	N/A
684		Plx1	72	54	N/A	3,225	3,016	N/A	5.6	4.0	N/A
684		Plx2	13	16	N/A	12,427	13,832	N/A	22.8	26.1	N/A
684		Plx3	7	7	N/A	10,545	25,954	N/A	16.9	46.4	N/A
684		Plx4	2	3	N/A	46,396	8,954	N/A	84.0	13.7	N/A
685	Hip And Thigh Injuries		39	34	N/A	5,469	3,741	N/A	8.7	6.5	N/A
685		Plx1	31	30	N/A	3,689	3,501	N/A	6.1	6.1	N/A
685		Plx2	4	3	N/A	14,800	5,060	N/A	24.5	8.7	N/A
685		Plx3	2	1	N/A	11,173	6,990	N/A	21.5	12.0	N/A
685		Plx4	2	1	N/A	14,023	25,557	N/A	16.5	33.0	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Blended
686	Major Nerve Injuries		4	2	N/A	8,423	11,517	N/A	11.0	7.5	N/A
686		Plx1	2	1	N/A	5,877	16,891	N/A	6.0	5.0	N/A
686		Plx2	1		N/A	6,078		N/A	7.0		N/A
686		Plx3	1	1	N/A	15,862	6,144	N/A	25.0	10.0	N/A
686		Plx4			N/A			N/A			N/A
687	Thoraco-Abdominal Injuries		515	483	N/A	4,624	4,724	N/A	4.9	4.7	N/A
687		Plx1	421	395	N/A	3,978	3,647	N/A	4.4	4.1	N/A
687		Plx2	53	44	N/A	6,048	5,946	N/A	6.6	8.0	N/A
687		Plx3	23	31	N/A	8,457	9,088	N/A	8.5	9.9	N/A
687		Plx4	26	30	N/A	17,102	22,754	N/A	13.7	14.1	N/A
688	Weight Bearing Injuries		309	262	N/A	2,411	2,381	N/A	2.9	3.1	N/A
688		Plx1	283	237	N/A	2,142	2,022	N/A	2.4	2.6	N/A
688		Plx2	23	11	N/A	8,441	9,192	N/A	14.6	13.3	N/A
688		Plx3	11	8	N/A	11,931	6,676	N/A	18.3	7.0	N/A
688		Plx4	5	7	N/A	15,832	20,257	N/A	23.8	19.9	N/A
689	Genito-Urinary Injuries		59	54	N/A	3,343	3,824	N/A	3.6	4.3	N/A
689		Plx1	47	42	N/A	2,436	3,152	N/A	2.9	3.5	N/A
689		Plx2	8	6	N/A	5,567	6,668	N/A	5.4	6.2	N/A
689		Plx3	2	4	N/A	4,547	5,454	N/A	4.5	5.8	N/A
689		Plx4	2		N/A	33,334		N/A	16.5		N/A
690	Crushing Injuries And Contusions		91	105	N/A	2,398	2,502	N/A	2.9	3.0	N/A
690		Plx1	79	94	N/A	1,909	2,376	N/A	2.3	2.9	N/A
690		Plx2	9	6	N/A	6,600	2,956	N/A	9.7	5.2	N/A
690		Plx3	3	7	N/A	9,070	6,038	N/A	19.0	8.0	N/A
690		Plx4			N/A			N/A			N/A
691	Minor Lower Extremity Fractures		28	8	N/A	2,295	2,138	N/A	2.4	2.4	N/A
691		Plx1	27	8	N/A	2,189	2,138	N/A	2.3	2.4	N/A
691		Plx2			N/A			N/A			N/A
691		Plx3	1	1	N/A	5,158	2,241	N/A	5.0	5.0	N/A
691		Plx4			N/A			N/A			N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pt. Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
692	Wounds		510	231	N/A	2,478	2,012	N/A	2.1	1.6	N/A
692		Ptx1	493	221	N/A	2,419	2,019	N/A	2.0	1.6	N/A
692		Ptx2	14	8	N/A	6,022	3,710	N/A	7.5	4.1	N/A
692		Ptx3	8	4	N/A	4,407	952	N/A	4.5	1.5	N/A
692		Ptx4	3	3	N/A	15,446	21,509	N/A	23.0	32.3	N/A
693	Amputations Or Vascular And Other Nerve Injuries		66	53	N/A	2,764	3,470	N/A	1.6	2.3	N/A
693		Ptx1	64	50	N/A	2,777	3,078	N/A	1.6	2.3	N/A
693		Ptx2	3	1	N/A	4,496	4,561	N/A	3.0	3.0	N/A
693		Ptx3			N/A			N/A			N/A
693		Ptx4	1	2	N/A	6,802	17,564	N/A	7.0	9.5	N/A
694	Facial Injuries		177	167	N/A	2,664	2,641	N/A	2.2	2.1	N/A
694		Ptx1	164	157	N/A	2,522	2,424	N/A	2.0	2.1	N/A
694		Ptx2	9	8	N/A	5,495	4,522	N/A	6.1	4.4	N/A
694		Ptx3	4	2	N/A	2,648	2,899	N/A	4.3	2.0	N/A
694		Ptx4	1	1	N/A	10,762	23,455	N/A	9.0	4.0	N/A
695	Other Cranial Injuries		273	204	N/A	2,316	2,078	N/A	1.8	1.7	N/A
695		Ptx1	233	186	N/A	1,889	1,983	N/A	1.7	1.7	N/A
695		Ptx2	24	11	N/A	7,172	4,042	N/A	5.1	3.4	N/A
695		Ptx3	31	13	N/A	5,179	5,873	N/A	3.7	4.1	N/A
695		Ptx4	22	10	N/A	18,810	26,478	N/A	10.5	12.0	N/A
696	Upper Extremity Fractures		273	232	N/A	1,776	1,933	N/A	1.6	1.6	N/A
696		Ptx1	264	225	N/A	1,759	1,921	N/A	1.5	1.6	N/A
696		Ptx2	20	17	N/A	6,031	7,326	N/A	7.7	8.2	N/A
696		Ptx3	6	3	N/A	9,947	9,065	N/A	16.8	8.7	N/A
696		Ptx4	5	5	N/A	14,842	18,190	N/A	16.8	24.8	N/A
700	PWS - Bone Marrow Transplant		154	134	N/A	50,018	48,923	N/A	30.5	28.7	N/A
700		Ptx1	13	8	N/A	28,342	27,512	N/A	19.0	19.8	N/A
700		Ptx2	12	7	N/A	30,709	43,887	N/A	19.6	28.3	N/A
700		Ptx3	25	8	N/A	47,059	54,300	N/A	29.6	30.1	N/A
700		Ptx4	104	112	N/A	55,785	50,406	N/A	33.5	29.6	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pt. Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
701	Splenectomy		64	48	N/A	8,293	7,277	N/A	5.1	5.1	N/A
701		Plx1	44	38	N/A	6,996	6,836	N/A	3.9	4.8	N/A
701		Plx2	9	6	N/A	7,948	7,271	N/A	4.9	5.0	N/A
701		Plx3	7	4	N/A	11,328	11,475	N/A	6.7	7.3	N/A
701		Plx4	7	2	N/A	43,696	88,795	N/A	33.4	61.0	N/A
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		103	71	N/A	7,792	6,897	N/A	5.0	4.6	N/A
703		Plx1	80	54	N/A	5,104	5,000	N/A	3.3	3.2	N/A
703		Plx2	13	9	N/A	10,406	11,000	N/A	8.1	12.0	N/A
703		Plx3	3	6	N/A	24,754	12,165	N/A	16.7	7.8	N/A
703		Plx4	10	9	N/A	40,044	47,597	N/A	22.5	23.0	N/A
704	Red Blood Cell Disorders		461	424	N/A	4,564	4,565	N/A	5.8	5.7	N/A
704		Plx1	283	248	N/A	3,738	3,492	N/A	4.9	4.5	N/A
704		Plx2	102	93	N/A	4,642	4,607	N/A	6.9	6.7	N/A
704		Plx3	57	52	N/A	7,459	6,381	N/A	8.2	7.3	N/A
704		Plx4	35	32	N/A	14,247	17,427	N/A	16.7	13.8	N/A
709	Coagulation Disorders		199	175	N/A	3,692	3,381	N/A	4.0	3.8	N/A
709		Plx1	147	136	N/A	2,636	2,784	N/A	3.2	3.2	N/A
709		Plx2	28	22	N/A	4,587	4,292	N/A	6.3	4.9	N/A
709		Plx3	21	9	N/A	6,788	7,298	N/A	8.4	7.6	N/A
709		Plx4	15	12	N/A	19,286	13,780	N/A	19.1	15.1	N/A
710	Reticuloendothelial And Immunity Disorders		378	326	N/A	5,235	5,080	N/A	4.9	4.9	N/A
710		Plx1	170	181	N/A	3,554	4,060	N/A	3.9	4.3	N/A
710		Plx2	45	28	N/A	4,988	5,890	N/A	5.3	7.0	N/A
710		Plx3	113	90	N/A	5,777	6,075	N/A	4.9	5.3	N/A
710		Plx4	49	36	N/A	10,332	10,493	N/A	8.1	9.6	N/A
725	Major Leukemia And Lymphoma Procedures		140	163	N/A	8,603	8,950	N/A	6.2	6.3	N/A
725		Plx1	107	115	N/A	6,564	6,178	N/A	4.2	4.3	N/A
725		Plx2	10	13	N/A	15,202	8,915	N/A	12.3	8.8	N/A
725		Plx3	15	13	N/A	14,188	15,682	N/A	13.3	15.2	N/A
725		Plx4	22	39	N/A	62,052	38,408	N/A	41.8	29.1	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
726	Acute Leukemia Without Major Procedures		208	162	N/A	20,289	23,474	N/A	17.2	19.6	N/A
726		Pix1	78	35	N/A	9,214	7,900	N/A	7.9	6.2	N/A
726		Pix2	25	18	N/A	16,831	13,957	N/A	14.5	11.5	N/A
726		Pix3	22	25	N/A	18,674	18,961	N/A	18.2	18.1	N/A
726		Pix4	83	82	N/A	32,355	34,500	N/A	27.1	27.5	N/A
728	Lymphoma And Chronic Leukemia With Other Procedures		201	110	N/A	10,739	11,136	N/A	9.0	10.2	N/A
728		Pix1	134	69	N/A	5,702	6,952	N/A	4.8	5.9	N/A
728		Pix2	21	16	N/A	11,872	14,561	N/A	11.8	16.3	N/A
728		Pix3	13	11	N/A	9,659	13,511	N/A	11.1	14.1	N/A
728		Pix4	31	19	N/A	45,540	35,631	N/A	31.8	33.9	N/A
730	Lymphoma And Chronic Leukemia		407	301	N/A	11,185	9,712	N/A	12.5	11.6	N/A
730		Pix1	150	114	N/A	6,358	5,379	N/A	7.5	6.8	N/A
730		Pix2	86	49	N/A	7,688	7,292	N/A	9.8	10.3	N/A
730		Pix3	54	46	N/A	11,286	9,179	N/A	13.4	10.5	N/A
730		Pix4	113	88	N/A	20,187	17,608	N/A	20.7	18.4	N/A
733	Major Ill-Defined Neoplasm Procedures		66	66	N/A	13,234	11,469	N/A	10.0	10.5	N/A
733		Pix1	40	40	N/A	9,393	8,235	N/A	6.2	6.9	N/A
733		Pix2	10	13	N/A	14,625	13,448	N/A	14.4	12.2	N/A
733		Pix3	5	8	N/A	14,568	25,739	N/A	11.0	24.6	N/A
733		Pix4	15	9	N/A	34,183	38,271	N/A	32.3	40.7	N/A
734	Ill-Defined Neoplasm With Other Procedures		74	56	N/A	7,736	8,718	N/A	5.8	8.2	N/A
734		Pix1	57	42	N/A	5,117	5,907	N/A	3.6	4.1	N/A
734		Pix2	7	4	N/A	13,820	9,689	N/A	11.3	10.8	N/A
734		Pix3	7	2	N/A	20,476	15,361	N/A	16.1	16.0	N/A
734		Pix4	6	8	N/A	49,040	26,964	N/A	39.5	32.0	N/A
735	PWS - Radiation Therapy		167	120	N/A	4,692	11,084	N/A	5.2	13.3	N/A
735		Pix1	140	70	N/A	3,675	8,981	N/A	4.0	11.0	N/A
735		Pix2	15	23	N/A	7,150	11,293	N/A	9.1	12.5	N/A
735		Pix3	5	13	N/A	14,178	17,707	N/A	18.4	20.7	N/A
735		Pix4	11	15	N/A	20,656	21,949	N/A	23.3	24.9	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
736	Chemotherapy		709	619	N/A	4,520	4,386	N/A	3.2	3.2	N/A
736		Pix1	667	572	N/A	4,319	4,216	N/A	3.1	3.1	N/A
736		Pix2	12	20	N/A	7,680	5,384	N/A	5.4	3.5	N/A
736		Pix3	29	19	N/A	9,918	9,102	N/A	9.5	8.7	N/A
736		Pix4	28	30	N/A	20,615	16,883	N/A	20.5	18.3	N/A
737	Other Poorly Differentiated Neoplastic Diagnoses		82	113	N/A	7,580	8,175	N/A	9.4	11.3	N/A
737		Pix1	30	50	N/A	4,496	4,670	N/A	5.5	7.7	N/A
737		Pix2	22	29	N/A	5,974	8,867	N/A	7.7	13.0	N/A
737		Pix3	15	17	N/A	9,169	14,425	N/A	12.1	16.9	N/A
737		Pix4	15	17	N/A	15,835	11,786	N/A	18.2	13.8	N/A
750	Multisystemic Or Unspecified Site Infections With Surgery		370	318	N/A	21,051	19,561	N/A	15.4	14.8	N/A
750		Pix1	154	141	N/A	8,375	7,348	N/A	8.4	7.4	N/A
750		Pix2	48	47	N/A	16,236	14,152	N/A	16.7	14.2	N/A
750		Pix3	42	39	N/A	15,840	13,909	N/A	15.6	12.9	N/A
750		Pix4	137	109	N/A	47,905	57,366	N/A	29.1	38.9	N/A
751	Septicemia		430	447	N/A	8,390	7,038	N/A	7.8	6.7	N/A
751		Pix1	163	184	N/A	4,598	3,881	N/A	6.3	5.1	N/A
751		Pix2	62	83	N/A	6,539	5,360	N/A	8.4	6.7	N/A
751		Pix3	78	73	N/A	7,863	7,216	N/A	7.7	8.2	N/A
751		Pix4	136	121	N/A	18,040	16,600	N/A	11.7	10.9	N/A
756	Post-Operative And Post-Traumatic Infections		315	289	N/A	3,325	3,227	N/A	4.7	4.8	N/A
756		Pix1	271	236	N/A	3,245	2,897	N/A	4.6	4.5	N/A
756		Pix2	31	32	N/A	4,123	5,097	N/A	5.8	7.0	N/A
756		Pix3	14	18	N/A	4,025	4,884	N/A	5.8	6.8	N/A
756		Pix4	10	10	N/A	16,166	9,961	N/A	22.2	10.7	N/A
757	Viral Illness		199	210	N/A	2,768	2,746	N/A	3.3	3.1	N/A
757		Pix1	144	163	N/A	2,363	2,634	N/A	2.7	2.9	N/A
757		Pix2	22	19	N/A	3,362	2,899	N/A	4.2	3.7	N/A
757		Pix3	20	25	N/A	2,985	3,223	N/A	3.4	4.3	N/A
757		Pix4	8	9	N/A	9,824	12,111	N/A	8.9	12.0	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
761	Fever Of Unknown Origin		226	160	N/A	2,694	2,718	N/A	3.0	3.2	N/A
761		Plx1	174	134	N/A	2,395	2,518	N/A	2.7	2.9	N/A
761		Plx2	42	17	N/A	3,678	3,720	N/A	3.9	4.2	N/A
761		Plx3	12	7	N/A	4,442	4,853	N/A	5.2	7.1	N/A
761		Plx4	7	6	N/A	22,213	9,443	N/A	20.7	13.2	N/A
763	Other Infectious Diagnoses		91	75	N/A	5,733	5,072	N/A	6.4	5.2	N/A
763		Plx1	59	46	N/A	4,308	3,130	N/A	5.1	4.1	N/A
763		Plx2	11	10	N/A	5,795	5,199	N/A	8.2	6.9	N/A
763		Plx3	14	9	N/A	8,721	5,364	N/A	10.1	4.2	N/A
763		Plx4	6	11	N/A	9,745	21,845	N/A	7.8	17.4	N/A
764	Depressive Mood Disorders With ECT		358	297	N/A	17,107	18,497	N/A	35.7	40.7	N/A
764		Plx9	358	297	N/A	17,107	18,497	N/A	35.7	40.7	N/A
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		306	332	N/A	13,925	13,473	N/A	27.5	27.9	N/A
765		Plx9	306	332	N/A	13,925	13,473	N/A	27.5	27.9	N/A
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		892	901	N/A	9,298	8,116	N/A	20.1	19.7	N/A
766		Plx9	892	901	N/A	9,298	8,116	N/A	20.1	19.7	N/A
767	Depressive Mood Disorders LOS < 6 Days		264	259	N/A	1,905	1,721	N/A	3.0	3.0	N/A
767		Plx9	264	259	N/A	1,905	1,721	N/A	3.0	3.0	N/A
768	Bipolar Mood Disorders, Manic With ECT		35	25	N/A	18,125	17,404	N/A	35.3	38.3	N/A
768		Plx9	35	25	N/A	18,125	17,404	N/A	35.3	38.3	N/A
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		96	93	N/A	15,393	12,786	N/A	29.1	26.3	N/A
769		Plx9	96	93	N/A	15,393	12,786	N/A	29.1	26.3	N/A
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		515	476	N/A	10,384	9,825	N/A	21.2	21.9	N/A
770		Plx9	515	476	N/A	10,384	9,825	N/A	21.2	21.9	N/A
771	Bipolar Mood Disorders LOS < 6 Days		104	82	N/A	2,047	1,783	N/A	3.1	3.1	N/A
771		Plx9	104	82	N/A	2,047	1,783	N/A	3.1	3.1	N/A
772	Dementia With Or Without Delirium With Axis III Diagnosis		357	250	N/A	24,715	24,996	N/A	45.0	45.6	N/A
772		Plx9	357	250	N/A	24,715	24,996	N/A	45.0	45.6	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
773	Dementia With Or Without Delirium Without Axis III Diagnosis		254	126	N/A	18,228	16,723	N/A	33.7	32.8	N/A
773		Plx9	254	126	N/A	18,228	16,723	N/A	33.7	32.8	N/A
774	Organic Mental Disorders Induced By Drugs		253	215	N/A	5,428	5,053	N/A	9.2	9.5	N/A
774		Plx9	253	215	N/A	5,428	5,053	N/A	9.2	9.5	N/A
775	Schizophrenia And Other Psychotic Disorders With ECT		44	24	N/A	23,406	27,444	N/A	43.4	56.0	N/A
775		Plx9	44	24	N/A	23,406	27,444	N/A	43.4	56.0	N/A
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		229	206	N/A	16,506	13,713	N/A	29.9	29.8	N/A
776		Plx9	229	206	N/A	16,506	13,713	N/A	29.9	29.8	N/A
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		1,160	970	N/A	12,212	10,586	N/A	24.2	23.8	N/A
777		Plx9	1,160	970	N/A	12,212	10,586	N/A	24.2	23.8	N/A
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		243	169	N/A	2,040	2,103	N/A	3.1	3.2	N/A
778		Plx9	243	169	N/A	2,040	2,103	N/A	3.1	3.2	N/A
779	Dissociative Disorders		66	48	N/A	5,127	3,869	N/A	7.0	6.2	N/A
779		Plx9	66	48	N/A	5,127	3,869	N/A	7.0	6.2	N/A
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		139	138	N/A	5,820	5,211	N/A	8.8	7.7	N/A
780		Plx9	139	138	N/A	5,820	5,211	N/A	8.8	7.7	N/A
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		136	139	N/A	3,048	2,767	N/A	5.2	4.7	N/A
781		Plx9	136	139	N/A	3,048	2,767	N/A	5.2	4.7	N/A
783	Psychoactive Substance Dependence		283	277	N/A	5,224	3,792	N/A	8.7	7.0	N/A
783		Plx9	283	277	N/A	5,224	3,792	N/A	8.7	7.0	N/A
784	Psychoactive Substance Abuse		256	137	N/A	2,779	2,702	N/A	4.2	4.6	N/A
784		Plx9	256	137	N/A	2,779	2,702	N/A	4.2	4.6	N/A
785	Developmental Delay		43	47	N/A	14,644	21,290	N/A	23.9	31.1	N/A
785		Plx9	43	47	N/A	14,644	21,290	N/A	23.9	31.1	N/A
786	Disruptive Behaviour Disorders		244	213	N/A	10,741	10,992	N/A	16.5	17.3	N/A
786		Plx9	244	213	N/A	10,741	10,992	N/A	16.5	17.3	N/A
787	Eating Disorders		110	103	N/A	15,616	16,373	N/A	27.1	32.3	N/A
787		Plx9	110	103	N/A	15,616	16,373	N/A	27.1	32.3	N/A

N/A – Not applicable

Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Blended
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		159	273	N/A	12,603	16,448	N/A	21.3	28.1	N/A
788		Plx9	159	273	N/A	12,603	16,448	N/A	21.3	28.1	N/A
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		112	186	N/A	8,662	11,760	N/A	16.4	22.6	N/A
789		Plx9	112	186	N/A	8,662	11,760	N/A	16.4	22.6	N/A
790	Somatoform Disorders		21	37	N/A	4,268	3,400	N/A	6.5	6.4	N/A
790		Plx9	21	37	N/A	4,268	3,400	N/A	6.5	6.4	N/A
791	Anxiety Disorders (MNRH)		169	144	N/A	6,492	5,421	N/A	11.9	10.0	N/A
791		Plx9	169	144	N/A	6,492	5,421	N/A	11.9	10.0	N/A
792	Adjustment Disorders (MNRH)		1,256	1,019	N/A	2,618	2,860	N/A	4.0	4.7	N/A
792		Plx9	1,256	1,019	N/A	2,618	2,860	N/A	4.0	4.7	N/A
793	Personality Disorders With Axis III Diagnosis (MNRH)		26	38	N/A	6,581	8,900	N/A	10.9	16.4	N/A
793		Plx9	26	38	N/A	6,581	8,900	N/A	10.9	16.4	N/A
794	Personality Disorders Without Axis III Diagnosis (MNRH)		199	130	N/A	2,720	4,159	N/A	4.3	8.3	N/A
794		Plx9	199	130	N/A	2,720	4,159	N/A	4.3	8.3	N/A
795	Sexual Dysfunction And Sexual Disorders (MNRH)		18	5	N/A	10,175	4,983	N/A	14.4	7.4	N/A
795		Plx9	18	5	N/A	10,175	4,983	N/A	14.4	7.4	N/A
796	Specific Developmental Disorders (MNRH)		5	8	N/A	12,727	9,651	N/A	19.2	19.8	N/A
796		Plx9	5	8	N/A	12,727	9,651	N/A	19.2	19.8	N/A
797	Miscellaneous Psychiatric Diagnoses (MNRH)		67	29	N/A	8,496	3,251	N/A	13.8	6.4	N/A
797		Plx9	67	29	N/A	8,496	3,251	N/A	13.8	6.4	N/A
803	Extensive Procedures For Injury Or Complication Of Treatment		408	317	N/A	14,955	13,864	N/A	11.6	10.1	N/A
803		Plx1	219	149	N/A	9,993	10,467	N/A	7.4	7.7	N/A
803		Plx2	69	66	N/A	12,406	13,322	N/A	10.3	11.2	N/A
803		Plx3	45	49	N/A	18,039	13,623	N/A	15.5	9.9	N/A
803		Plx4	73	68	N/A	39,356	34,863	N/A	28.8	27.4	N/A
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		637	641	N/A	5,716	5,579	N/A	4.3	4.1	N/A
804		Plx1	500	493	N/A	4,114	4,146	N/A	3.1	3.0	N/A

N/A -- Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pt. Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
804		Plx2	56	64	N/A	9,840	8,090	N/A	9.1	6.9	N/A
804		Plx3	45	41	N/A	12,614	11,003	N/A	10.8	8.7	N/A
804		Plx4	66	66	N/A	32,945	26,641	N/A	21.4	19.7	N/A
805	MNRH Procedures For Injury Or Complication Of Treatment		146	58	N/A	3,532	2,53	N/A	3.4	2.0	N/A
805		Plx1	122	52	N/A	3,067	2,435	N/A	2.8	1.9	N/A
805		Plx2	10	3	N/A	4,831	2,578	N/A	5.3	1.3	N/A
805		Plx3	7	2	N/A	6,703	5,447	N/A	5.4	5.0	N/A
805		Plx4	6	3	N/A	19,683	23,377	N/A	14.5	12.7	N/A
811	Allergic Reaction		48	36	N/A	2,302	1,989	N/A	2.4	1.6	N/A
811		Plx1	36	34	N/A	1,328	1,769	N/A	1.7	1.5	N/A
811		Plx2	1	2	N/A	7,804	7,338	N/A	3.0	8.0	N/A
811		Plx3	4		N/A	4,676		N/A	4.8		N/A
811		Plx4	4	3	N/A	7,287	22,358	N/A	4.5	13.3	N/A
813	Drug Reactions		688	683	N/A	2,240	2,580	N/A	2.2	2.4	N/A
813		Plx1	583	525	N/A	1,850	2,074	N/A	2.0	2.2	N/A
813		Plx2	52	68	N/A	4,616	3,488	N/A	5.5	4.6	N/A
813		Plx3	65	90	N/A	5,210	4,664	N/A	5.4	4.8	N/A
813		Plx4	48	61	N/A	15,089	12,040	N/A	8.7	8.1	N/A
818	Complications Of Treatment		927	964	N/A	3,273	3,813	N/A	3.9	4.0	N/A
818		Plx1	729	724	N/A	2,563	2,917	N/A	3.2	3.3	N/A
818		Plx2	98	105	N/A	4,816	4,351	N/A	5.4	4.9	N/A
818		Plx3	61	86	N/A	6,826	7,788	N/A	7.3	8.0	N/A
818		Plx4	42	66	N/A	11,007	13,654	N/A	10.3	12.0	N/A
823	Minor Injuries And Trauma Diagnosis		140	148	N/A	2,947	3,553	N/A	2.4	2.3	N/A
823		Plx1	117	120	N/A	2,026	2,454	N/A	1.9	2.1	N/A
823		Plx2	8	12	N/A	5,381	7,153	N/A	7.5	7.2	N/A
823		Plx3	9	9	N/A	3,360	9,251	N/A	4.3	5.1	N/A
823		Plx4	8	17	N/A	21,804	12,391	N/A	7.8	4.9	N/A
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		22	30	N/A	96,156	97,015	N/A	52.6	37.1	N/A

N/A -- Not applicable
Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Casted Cases			Average Cost			Average LOS of Casted Cases		
			2002/2003	2001/2002	Standard	2002/2003	2001/2002	Standard	2002/2003	2001/2002	Standard
830		Plx1	9	6	N/A	43,815	26,706	N/A	30.6	18.2	N/A
830		Plx2	3	5	N/A	35,856	24,592	N/A	18.7	16.6	N/A
830		Plx3			N/A			N/A			N/A
830		Plx4	11	14	N/A	189,854	152,865	N/A	93.6	47.9	N/A
831	Extensive Burns Without Burn Procedures		7	4	N/A	12,519	2,219	N/A	9.7	1.0	N/A
831		Plx1	6	3	N/A	9,539	2,500	N/A	8.3	1.0	N/A
831		Plx2			N/A			N/A			N/A
831		Plx3	1		N/A	30,403		N/A	18.0		N/A
831		Plx4			N/A			N/A			N/A
832	PWS - Non-Extensive Burns With Skin Graft		117	107	N/A	17,339	17,532	N/A	13.4	13.5	N/A
832		Plx1	94	80	N/A	13,183	12,471	N/A	11.4	10.5	N/A
832		Plx2	7	12	N/A	23,247	24,518	N/A	17.0	17.4	N/A
832		Plx3	9	8	N/A	28,680	34,460	N/A	21.1	24.3	N/A
832		Plx4	9	7	N/A	55,942	52,575	N/A	38.4	29.7	N/A
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		1	12	N/A	9,436	8,742	N/A	9.0	9.2	N/A
833		Plx1	1	10	N/A	9,436	6,489	N/A	9.0	6.8	N/A
833		Plx2			N/A			N/A			N/A
833		Plx3			N/A			N/A			N/A
833		Plx4			N/A			N/A			N/A
834	Non-Extensive Burns Without Burn Procedures		89	96	N/A	5,528	4,731	N/A	5.7	4.7	N/A
834		Plx1	80	81	N/A	4,499	3,866	N/A	5.0	4.2	N/A
834		Plx2	4	7	N/A	11,914	4,789	N/A	11.0	7.3	N/A
834		Plx3	2	4	N/A	18,123	6,147	N/A	21.5	6.5	N/A
834		Plx4	3	4	N/A	18,928	22,085	N/A	9.0	13.3	N/A
840	Other Admissions With Surgery		353	286	N/A	35,055	36,418	N/A	39.6	41.7	N/A
840		Plx1	184	132	N/A	9,337	8,813	N/A	11.2	9.2	N/A
840		Plx2	40	29	N/A	32,432	41,003	N/A	45.5	51.4	N/A
840		Plx3	31	32	N/A	43,474	42,886	N/A	57.7	56.6	N/A
840		Plx4	96	91	N/A	91,217	79,259	N/A	91.6	87.8	N/A

N/A -- Not applicable

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Elevated	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Elevated	Average LOS of Costed Cases 2002/2003	Average LOS of Costed Cases 2001/2002	Average LOS of Costed Cases Elevated
841	Rehabilitation		1,777	1,681	N/A	21,949	19,853	N/A	37.8	35.9	N/A
841		Plx1	988	952	N/A	18,059	16,423	N/A	31.8	30.4	N/A
841		Plx2	372	342	N/A	25,229	23,548	N/A	43.5	41.2	N/A
841		Plx3	226	218	N/A	26,750	23,850	N/A	44.9	43.8	N/A
841		Plx4	194	180	N/A	32,902	31,138	N/A	53.2	53.6	N/A
842	Signs And Symptoms		261	202	N/A	4,749	4,454	N/A	7.1	7.2	N/A
842		Plx1	174	132	N/A	3,556	3,372	N/A	5.3	5.5	N/A
842		Plx2	51	41	N/A	6,261	6,946	N/A	10.7	11.5	N/A
842		Plx3	30	24	N/A	9,731	5,990	N/A	15.9	9.5	N/A
842		Plx4	16	10	N/A	16,564	18,924	N/A	18.9	26.5	N/A
846	Aftercare Following Surgery Or Treatment		1,542	1,397	N/A	1,606	1,473	N/A	1.6	1.6	N/A
846		Plx1	1,495	1,355	N/A	1,496	1,434	N/A	1.5	1.5	N/A
846		Plx2	30	35	N/A	3,992	3,571	N/A	2.9	3.1	N/A
846		Plx3	8	12	N/A	3,215	8,669	N/A	3.3	13.9	N/A
846		Plx4	1	4	N/A	5,366	11,746	N/A	6.0	10.5	N/A
847	Other Specified Aftercare		544	517	N/A	10,942	10,280	N/A	14.4	13.3	N/A
847		Plx1	458	432	N/A	10,526	10,304	N/A	13.8	13.2	N/A
847		Plx2	45	37	N/A	8,146	8,907	N/A	12.7	13.6	N/A
847		Plx3	17	30	N/A	14,832	11,532	N/A	16.9	16.8	N/A
847		Plx4	23	21	N/A	21,736	18,163	N/A	25.4	20.5	N/A
849	Multiple Or Unspecified Congenital Anomalies		10	2	N/A	14,491	64,014	N/A	10.6	22.0	N/A
849		Plx1	7		N/A	10,696		N/A	5.9		N/A
849		Plx2			N/A			N/A			N/A
849		Plx3	1	1	N/A	11,139	10,333	N/A	15.0	8.0	N/A
849		Plx4	1	1	N/A	20,128	117,694	N/A	18.0	36.0	N/A
850	Perinatal Conditions Age > 28 Days		96	71	N/A	19,850	23,926	N/A	20.2	20.0	N/A
850		Plx1	57	40	N/A	16,061	14,950	N/A	18.0	16.9	N/A
850		Plx2	7	11	N/A	22,622	20,044	N/A	23.0	19.1	N/A
850		Plx3	26	6	N/A	25,293	33,696	N/A	24.5	32.8	N/A
850		Plx4	6	15	N/A	26,849	54,042	N/A	21.0	27.7	N/A

N/A – Not applicable

Prepared by: Health Funding and Costing

Schedule 2 -- Inpatient Yearly Comparisons

CMG	Description	Pts Level	Casemix Cases			Average Cost			Average LOS of Casemix Cases		
			2002/2003	2001/2002	Variance	2002/2003	2001/2002	Variance	2002/2003	2001/2002	Variance
851	Other Factors Causing Hospitalization		510	195	N/A	2,801	3,545	N/A	4.4	6.0	N/A
851		Plx1	473	178	N/A	2,599	3,247	N/A	4.0	5.4	N/A
851		Plx2	25	6	N/A	5,690	6,831	N/A	9.0	12.7	N/A
851		Plx3	9	6	N/A	3,472	6,984	N/A	6.8	15.5	N/A
851		Plx4	3	6	N/A	10,995	9,857	N/A	24.7	14.3	N/A
852	Procedures Cancelled (MNRH)		478	470	N/A	440	707	N/A	1.0	1.0	N/A
852		Plx1	459	444	N/A	428	682	N/A	1.0	1.0	N/A
852		Plx2	12	21	N/A	535	983	N/A	1.0	1.0	N/A
852		Plx3	7	4	N/A	1,017	1,251	N/A	1.0	1.0	N/A
852		Plx4			N/A			N/A			N/A
860	Respiratory Tract Disorders With HIV		47	29	N/A	7,027	6,129	N/A	8.1	7.8	N/A
860		Plx9	47	29	N/A	7,027	6,129	N/A	8.1	7.8	N/A
861	CNS Infection With HIV		2	2	N/A	5,831	10,138	N/A	9.5	12.5	N/A
861		Plx9	2	2	N/A	5,831	10,138	N/A	9.5	12.5	N/A
862	GI And Hepatobiliary Disorders With HIV		10	11	N/A	3,258	3,837	N/A	4.0	6.0	N/A
862		Plx9	10	11	N/A	3,258	3,837	N/A	4.0	6.0	N/A
863	Ophthalmic Disorders With HIV		3	3	N/A	101,207	14,746	N/A	46.0	15.7	N/A
863		Plx9	3	3	N/A	101,207	14,746	N/A	46.0	15.7	N/A
864	Blood Infections With HIV		4		N/A	4,789		N/A	5.3		N/A
864		Plx9	4		N/A	4,789		N/A	5.3		N/A
865	Lymphoma With HIV		3	2	N/A	41,790	33,892	N/A	42.7	41.0	N/A
865		Plx9	3	2	N/A	41,790	33,892	N/A	42.7	41.0	N/A
866	Psychosocial Conditions With HIV		3	1	N/A	10,500	20,276	N/A	13.0	21.0	N/A
866		Plx9	3	1	N/A	10,500	20,276	N/A	13.0	21.0	N/A
867	Other Conditions Associated With HIV		4	2	N/A	10,576	8,650	N/A	7.8	11.0	N/A
867		Plx9	4	2	N/A	10,576	8,650	N/A	7.8	11.0	N/A
868	Miscellaneous Conditions With HIV		18	10	N/A	8,076	5,198	N/A	9.3	7.1	N/A
868		Plx9	18	10	N/A	8,076	5,198	N/A	9.3	7.1	N/A
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		30	22	N/A	21,381	33,174	N/A	18.5	36.2	N/A
880		Plx1	13	3	N/A	14,467	12,981	N/A	12.7	13.7	N/A

N/A -- Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Coded Cases 2002/2003	Coded Cases 2001/2002	Coded Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended	Average LOS of Coded Cases 2002/2003	Average LOS of Coded Cases 2001/2002	Average LOS of Coded Cases Blended
880		Plx2	4	3	N/A	30,836	29,070	N/A	33.0	28.3	N/A
880		Plx3	5	3	N/A	12,892	31,200	N/A	8.4	33.7	N/A
880		Plx4	8	13	N/A	42,806	39,236	N/A	33.3	43.8	N/A
881	Amputation Of Lower Limb Except Toe		196	181	N/A	15,145	18,839	N/A	16.7	21.4	N/A
881		Plx1	87	62	N/A	8,356	11,856	N/A	9.8	14.7	N/A
881		Plx2	40	39	N/A	16,091	12,056	N/A	17.8	13.7	N/A
881		Plx3	32	28	N/A	13,247	24,255	N/A	14.3	28.6	N/A
881		Plx4	40	55	N/A	40,465	33,391	N/A	43.8	38.0	N/A
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		18	33	N/A	19,707	22,031	N/A	17.4	19.1	N/A
882		Plx1	7	10	N/A	9,228	11,231	N/A	6.6	10.2	N/A
882		Plx2	3	5	N/A	18,247	9,174	N/A	19.3	7.8	N/A
882		Plx3	3	6	N/A	34,775	18,130	N/A	43.7	16.0	N/A
882		Plx4	5	11	N/A	34,442	40,665	N/A	27.6	37.5	N/A
883	Wound Debridement And Grafting Other Than Hand		24	81	N/A	13,807	13,324	N/A	12.8	16.5	N/A
883		Plx1	13	28	N/A	15,402	7,630	N/A	13.5	9.6	N/A
883		Plx2	6	18	N/A	7,747	9,747	N/A	6.5	12.8	N/A
883		Plx3	4	18	N/A	16,843	16,129	N/A	16.5	21.4	N/A
883		Plx4	2	15	N/A	23,998	21,719	N/A	42.5	23.5	N/A
884	Other Amputations Including Toe		36	42	N/A	11,292	6,709	N/A	13.5	8.1	N/A
884		Plx1	17	28	N/A	6,310	4,249	N/A	7.5	5.6	N/A
884		Plx2	11	4	N/A	10,230	15,872	N/A	13.1	14.3	N/A
884		Plx3	6	6	N/A	23,991	5,420	N/A	25.2	6.0	N/A
884		Plx4	2	3	N/A	50,352	14,698	N/A	49.0	16.7	N/A
885	PWS - Aortic Replacement		156	293	N/A	19,253	16,939	N/A	9.6	10.8	N/A
885		Plx1	62	95	N/A	14,381	11,407	N/A	6.5	8.2	N/A
885		Plx2	22	44	N/A	16,347	13,053	N/A	9.6	9.0	N/A
885		Plx3	33	46	N/A	20,830	15,075	N/A	11.0	10.3	N/A
885		Plx4	36	113	N/A	28,108	26,666	N/A	13.1	15.5	N/A
887	Vascular Bypass Surgery		365	351	N/A	12,948	12,293	N/A	8.2	8.2	N/A

N/A – Not applicable

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
887		Plx1	187	201	N/A	10,459	8,439	N/A	6.5	6.3	N/A
887		Plx2	69	45	N/A	13,117	12,586	N/A	8.6	9.1	N/A
887		Plx3	63	47	N/A	15,081	13,231	N/A	10.0	9.0	N/A
887		Plx4	44	64	N/A	22,291	28,494	N/A	13.3	16.6	N/A
890	Other Thoraco-Abdominal Procedures		32	53	N/A	12,542	14,041	N/A	11.6	9.6	N/A
890		Plx1	14	21	N/A	5,653	7,787	N/A	5.4	6.3	N/A
890		Plx2	5	3	N/A	6,735	21,508	N/A	5.2	9.7	N/A
890		Plx3	3	13	N/A	14,394	13,649	N/A	15.3	10.1	N/A
890		Plx4	7	15	N/A	23,141	20,162	N/A	15.0	12.9	N/A
891	Vascular Repair		128	177	N/A	9,834	11,493	N/A	5.5	6.5	N/A
891		Plx1	94	101	N/A	7,656	9,044	N/A	4.0	5.1	N/A
891		Plx2	11	33	N/A	11,291	9,475	N/A	7.9	6.3	N/A
891		Plx3	14	25	N/A	16,684	16,548	N/A	12.4	9.3	N/A
891		Plx4	11	20	N/A	27,918	24,591	N/A	12.1	12.8	N/A
892	Other Vascular Procedures		83	49	N/A	8,442	6,437	N/A	4.7	4.0	N/A
892		Plx1	61	36	N/A	7,698	5,986	N/A	4.1	3.5	N/A
892		Plx2	11	7	N/A	10,838	8,506	N/A	10.8	5.3	N/A
892		Plx3	12	4	N/A	11,997	8,341	N/A	7.3	5.5	N/A
892		Plx4	3	1	N/A	38,235	5,107	N/A	27.0	4.0	N/A
893	Vein Ligation And Stripping (MNRH)		25	26	N/A	1,537	1,955	N/A	1.0	1.0	N/A
893		Plx1	23	26	N/A	1,527	1,955	N/A	1.0	1.0	N/A
893		Plx2	2		N/A	1,647		N/A	1.0		N/A
893		Plx3			N/A			N/A			N/A
893		Plx4			N/A			N/A			N/A
895	Deep Vein Thrombophlebitis		265	273	N/A	4,848	4,138	N/A	7.2	6.4	N/A
895		Plx1	174	177	N/A	3,957	3,538	N/A	6.0	5.8	N/A
895		Plx2	47	65	N/A	5,737	4,113	N/A	8.0	6.5	N/A
895		Plx3	39	26	N/A	8,689	6,328	N/A	13.2	9.8	N/A
895		Plx4	9	9	N/A	8,748	20,197	N/A	14.0	17.1	N/A
898	Peripheral Vascular Disease		217	230	N/A	5,320	4,362	N/A	5.9	5.4	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Central Cases			Average Cost			Average LOS of Central Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
898		Plx1	168	152	N/A	4,576	3,577	N/A	4.9	4.6	N/A
898		Plx2	24	48	N/A	5,143	6,496	N/A	6.5	8.2	N/A
898		Plx3	16	22	N/A	10,329	6,740	N/A	15.9	9.4	N/A
898		Plx4	11	15	N/A	13,717	10,314	N/A	12.8	11.7	N/A
900	Extensive Unrelated O.R. Procedures		263	216	N/A	25,046	24,082	N/A	18.8	18.6	N/A
900		Plx1	81	67	N/A	11,843	12,987	N/A	8.2	8.3	N/A
900		Plx2	33	26	N/A	15,894	14,621	N/A	15.8	12.7	N/A
900		Plx3	37	26	N/A	22,573	23,974	N/A	20.8	25.4	N/A
900		Plx4	128	100	N/A	45,384	38,062	N/A	38.0	29.5	N/A
901	Non-Extensive Unrelated O.R. Procedures		976	460	N/A	15,633	17,258	N/A	12.5	13.2	N/A
901		Plx1	469	226	N/A	6,405	6,823	N/A	5.9	5.8	N/A
901		Plx2	134	62	N/A	12,040	13,744	N/A	13.3	14.1	N/A
901		Plx3	137	53	N/A	16,712	16,962	N/A	16.1	17.5	N/A
901		Plx4	254	125	N/A	41,925	47,841	N/A	27.5	32.1	N/A
902	Post-Operative Complications With Unrelated O.R. Procedures		81	105	N/A	14,078	12,861	N/A	10.3	9.1	N/A
902		Plx1	42	46	N/A	7,519	6,869	N/A	6.4	4.4	N/A
902		Plx2	8	17	N/A	13,861	12,896	N/A	11.0	7.9	N/A
902		Plx3	10	12	N/A	19,458	13,695	N/A	17.3	10.7	N/A
902		Plx4	24	30	N/A	35,420	22,234	N/A	21.9	16.9	N/A
906	Unrelated O.R. Procedures (MNRH)		143	88	N/A	10,897	10,196	N/A	12.1	11.0	N/A
906		Plx1	87	53	N/A	6,522	6,522	N/A	7.9	7.5	N/A
906		Plx2	21	11	N/A	10,546	8,276	N/A	15.3	9.6	N/A
906		Plx3	14	15	N/A	16,065	14,892	N/A	19.3	16.9	N/A
906		Plx4	22	9	N/A	27,860	35,568	N/A	24.3	37.4	N/A
908	Other Major Procedures For Gynecological Malignancy		10	3	N/A	6,339	7,909	N/A	5.4	7.3	N/A
908		Plx1	6	2	N/A	4,516	5,149	N/A	4.0	4.5	N/A
908		Plx2	1		N/A	6,231		N/A	4.0		N/A
908		Plx3	2		N/A	10,982		N/A	11.0		N/A
908		Plx4	2		N/A	11,128		N/A	10.0		N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
909	Obsolete Psychiatric Diagnoses (MNRH)		161	204	N/A	5,346	3,965	N/A	10.0	8.7	N/A
909		Plx9	161	204	N/A	5,346	3,965	N/A	10.0	8.7	N/A
910	Diagnosis Not Generally Hospitalized		77	58	N/A	2,414	8,781	N/A	1.5	1.8	N/A
910		Plx9	77	58	N/A	2,414	8,781	N/A	1.5	1.8	N/A
912	Obstetric Codes Invalid As Most Responsible Diagnosis		30	3	N/A	1,801	1,988	N/A	2.8	3.0	N/A
912		Plx9	30	3	N/A	1,801	1,988	N/A	2.8	3.0	N/A
996	Cadaveric Donor Organ and Tissue Retrieval		4		N/A	18,885		N/A			N/A
996		Plx9	4		N/A	18,885		N/A			N/A
997	Stillbirths				N/A			N/A			N/A
997		Plx9			N/A			N/A			N/A
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		6	4	N/A	5,896	3,806	N/A	3.7	3.0	N/A
998		Plx9	6	4	N/A	5,896	3,806	N/A	3.7	3.0	N/A
999	Ungroupable Data		16	13	N/A	2,979	1,811	N/A	2.6	1.7	N/A
999		Plx9	16	13	N/A	2,979	1,811	N/A	2.6	1.7	N/A

N/A – Not applicable
Prepared by: Health Funding and Costing

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
001	PWS - Craniotomy Procedures		2.188204	1,163	1070	13,801	0.66	9,060	24
001		Plx1	1.716466	823	783	11,337	0.50	5,696	16
001		Plx2	2.518044	143	135	16,499	0.50	8,310	29
001		Plx3	3.254458	80	75	21,185	0.58	12,391	55
001		Plx4	6.392694	117	111	41,769	0.65	27,199	81
003	PWS - Spinal Procedures		1.337551	172	152	8,328	0.58	4,842	18
003		Plx1	1.1358	138	132	7,484	0.57	4,243	14
003		Plx2	2.462443	13	12	16,297	0.46	7,535	32
003		Plx3	5.861713	10	10	36,011	0.68	24,594	137
003		Plx4	5.609526	11	10	34,606	0.66	22,996	78
004	PWS - Extracranial Vascular Procedures		1.010978	380	330	5,798	0.39	2,272	8
004		Plx1	0.884304	329	284	5,311	0.29	1,519	5
004		Plx2	1.298886	18	15	7,999	0.48	3,864	14
004		Plx3	1.982458	21	21	12,266	0.54	6,572	24
004		Plx4	4.251173	12	11	27,708	0.54	14,885	60
005	PWS - Ventricular Shunt Revision		0.867265	100	95	5,688	0.47	2,690	10
005		Plx1	0.771017	90	83	5,294	0.43	2,258	7
005		Plx2	1.718187	4	4	12,347	0.67	8,251	16
005		Plx3	0.660121	3	3	5,704	0.41	2,331	4
005		Plx4	1.861362	3	3	12,762	0.98	12,468	21
006	Carpal Tunnel Release And Specified Nervous System Procedures		0.870172	106	68	5,418	0.77	4,166	9
006		Plx1	0.780186	97	63	5,158	0.73	3,746	7
006		Plx2	0.74026	3	3	5,523	0.93	5,162	4
006		Plx3	3.270053	1	1	20,739	0.00	0	7
006		Plx4	8.447604	5	5	51,145	0.79	40,173	101
007	Peripheral, Cranial Nerve And Other Neurological Procedures		2.227249	68	55	14,178	0.84	11,841	36
007		Plx1	1.022409	33	27	7,363	0.69	5,052	31
007		Plx2	2.476057	7	7	17,862	0.85	15,193	37
007		Plx3	2.007627	5	5	13,618	0.48	6,478	29
007		Plx4	5.450563	23	18	35,152	1.03	36,214	63

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
001	PWS - Craniotomy Procedures		2.188204	1,163	1070	13,801	0.66	9,060	24
001		Plx1	1.716466	823	783	11,337	0.50	5,696	16
001		Plx2	2.518044	143	135	16,499	0.50	8,310	29
001		Plx3	3.254458	80	75	21,185	0.58	12,391	55
001		Plx4	6.392694	117	111	41,769	0.65	27,199	81
003	PWS - Spinal Procedures		1.337551	172	152	8,328	0.58	4,842	18
003		Plx1	1.1358	138	132	7,484	0.57	4,243	14
003		Plx2	2.462443	13	12	16,297	0.46	7,535	32
003		Plx3	5.861713	10	10	36,011	0.68	24,594	137
003		Plx4	5.609526	11	10	34,606	0.66	22,996	78
004	PWS - Extracranial Vascular Procedures		1.010978	380	330	5,798	0.39	2,272	8
004		Plx1	0.884304	329	284	5,311	0.29	1,519	5
004		Plx2	1.298886	18	15	7,999	0.48	3,864	14
004		Plx3	1.982458	21	21	12,266	0.54	6,572	24
004		Plx4	4.251173	12	11	27,708	0.54	14,885	60
005	PWS - Ventricular Shunt Revision		0.867265	100	95	5,688	0.47	2,690	10
005		Plx1	0.771017	90	83	5,294	0.43	2,258	7
005		Plx2	1.718187	4	4	12,347	0.67	8,251	16
005		Plx3	0.660121	3	3	5,704	0.41	2,331	4
005		Plx4	1.861362	3	3	12,762	0.98	12,468	21
006	Carpal Tunnel Release And Specified Nervous System Procedures		0.870172	106	68	5,418	0.77	4,166	9
006		Plx1	0.780186	97	63	5,158	0.73	3,746	7
006		Plx2	0.74026	3	3	5,523	0.93	5,162	4
006		Plx3	3.270053	1	1	20,739	0.00	0	7
006		Plx4	8.447604	5	5	51,145	0.79	40,173	101
007	Peripheral, Cranial Nerve And Other Neurological Procedures		2.227249	68	55	14,178	0.84	11,841	36
007		Plx1	1.022409	33	27	7,363	0.69	5,052	31
007		Plx2	2.476057	7	7	17,862	0.85	15,193	37
007		Plx3	2.007627	5	5	13,618	0.48	6,478	29
007		Plx4	5.450563	23	18	35,152	1.03	36,214	63

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
010	Neoplasm Of Nervous System		1.285652	433	234	7,754	0.90	6,944	41
010		Plx1	1.013441	284	151	6,525	0.85	5,564	33
010		Plx2	1.215278	95	53	7,649	0.75	5,768	43
010		Plx3	2.334659	31	16	14,916	0.77	11,515	77
010		Plx4	3.303575	23	21	20,588	0.67	13,893	83
011	Degenerative Nervous Disorders		2.269979	471	177	12,635	1.43	18,077	78
011		Plx1	1.565144	341	114	9,256	0.87	8,079	63
011		Plx2	1.836391	60	26	11,109	0.93	10,309	85
011		Plx3	3.557605	42	20	19,114	1.09	20,856	143
011		Plx4	5.168397	28	17	31,344	1.48	46,256	114
012	Multiple Sclerosis And Cerebellar Disorders		1.432385	235	112	8,238	1.14	9,405	40
012		Plx1	0.940265	191	82	5,990	0.88	5,282	34
012		Plx2	1.620762	26	16	9,047	0.89	8,087	81
012		Plx3	1.591495	7	3	9,617	1.03	9,927	160
012		Plx4	4.648992	11	8	28,348	0.86	24,259	90
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1.332595	2,677	1611	7,913	0.88	6,954	39
013		Plx1	0.918449	1,843	1077	5,818	0.78	4,528	30
013		Plx2	1.776125	404	257	10,996	0.76	8,331	60
013		Plx3	2.137298	252	165	13,283	0.78	10,358	74
013		Plx4	2.977164	178	131	18,717	0.73	13,629	81
014	Transient Ischemic Attacks And Precerebral Occlusions		0.629269	1,110	498	3,892	0.77	3,010	14
014		Plx1	0.540562	962	441	3,501	0.70	2,454	13
014		Plx2	1.208449	109	49	7,775	0.70	5,440	30
014		Plx3	1.228856	29	16	8,154	0.68	5,547	33
014		Plx4	4.186783	10	5	27,836	0.67	18,649	109
015	Nonspecific Cerebrovascular Disorders		1.254042	113	59	7,332	1.30	9,520	38
015		Plx1	0.729292	81	40	4,635	0.81	3,774	29
015		Plx2	1.73571	13	9	9,520	0.97	9,227	75
015		Plx3	6.103603	9	7	40,735	1.07	43,552	200
015		Plx4	2.695374	10	6	15,563	0.89	13,779	36

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Casted Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
017	Cranial And Peripheral Nerve Diseases		1.012914	352	126	5,812	0.97	5,644	27
017		Plx1	0.669066	274	87	4,097	0.78	3,198	23
017		Plx2	1.361277	48	20	8,271	1.04	8,562	44
017		Plx3	2.252204	18	14	13,571	0.81	11,014	55
017		Plx4	6.697101	12	10	40,468	1.15	46,571	108
018	Viral Meningitis		0.386505	112	71	2,292	0.65	1,492	8
018		Plx1	0.355403	102	69	2,264	0.66	1,496	8
018		Plx2	0.727141	4	2	4,367	0.05	234	15
018		Plx3	0.378338	4	1	2,267	0.00	0	8
018		Plx4	3.05267	2	2	16,301	0.82	13,303	30
019	Infection Except Viral Meningitis		1.308934	261	147	7,796	1.04	8,085	24
019		Plx1	0.83724	193	99	5,261	0.96	5,053	20
019		Plx2	1.74349	32	21	10,756	0.81	8,755	34
019		Plx3	1.725221	20	18	10,958	0.62	6,834	37
019		Plx4	5.565207	16	15	33,473	0.74	24,868	116
020	Hypertensive Encephalopathy		0.842692	12	3	5,240	0.82	4,296	20
020		Plx1	0.220045	5	1	1,396	0.00	0	9
020		Plx2	1.55733	3	1	9,877	0.00	0	11
020		Plx3	0.640824	3	1	4,448	0.00	0	16
020		Plx4	4.098469	1	1	21,885	0.00	0	38
021	Non-Traumatic Stupor And Coma		0.668077	127	59	3,927	1.18	4,652	13
021		Plx1	0.418939	93	42	2,619	0.82	2,158	10
021		Plx2	0.681431	13	5	4,112	0.47	1,922	12
021		Plx3	1.024077	14	8	6,471	0.94	6,051	22
021		Plx4	2.498788	7	5	15,687	0.74	11,558	39
022	Seizure And Headache		0.503741	2,535	1015	3,062	0.79	2,430	10
022		Plx1	0.446721	2,198	859	2,898	0.76	2,212	10
022		Plx2	0.597728	216	104	3,658	0.91	3,346	16
022		Plx3	1.031317	86	58	6,988	0.82	5,718	20
022		Plx4	2.91073	35	25	19,068	0.94	17,977	59

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 CMG+	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
028	Other Nervous System Diagnoses		1.000089	584	326	5,772	1.11	6,404	23
028		Plx1	0.52751	432	213	3,416	0.76	2,612	17
028		Plx2	0.982397	63	42	5,972	0.87	5,175	28
028		Plx3	1.393908	32	19	8,448	0.75	6,314	27
028		Plx4	3.010777	57	44	17,588	0.71	12,558	50
040	Tracheostomy And Gastrostomy Procedures		12.843677	301	244	77,261	0.86	66,641	172
040		Plx1	3.902482	63	39	24,844	0.64	15,834	122
040		Plx2	4.733536	16	10	30,517	0.57	17,403	93
040		Plx3	5.102659	35	29	32,914	0.65	21,309	112
040		Plx4	16.063222	187	167	101,522	0.69	70,080	196
050	Orbital Procedures		0.392973	357	331	2,087	0.44	911	4
050		Plx1	0.362564	347	327	2,076	0.43	902	4
050		Plx2	0.88017	5	5	5,229	0.53	2,795	17
050		Plx3	1.859067	3	3	12,204	1.24	15,168	10
050		Plx4	0.970686	2	2	5,796	0.48	2,775	7
051	Other Intraocular Procedures		0.35857	145	135	1,888	0.55	1,046	4
051		Plx1	0.329306	137	128	1,846	0.56	1,029	4
051		Plx2	0.462998	6	5	2,472	0.48	1,190	6
051		Plx3	0.541364	2	2	3,111	0.42	1,314	2
051		Plx4							
052	Retinal Procedures		0.34687	1,225	1023	1,805	0.33	596	1
052		Plx1	0.326679	1,213	1017	1,801	0.33	592	1
052		Plx2	0.556613	7	7	3,199	0.42	1,347	7
052		Plx3	0.506189	5	4	2,894	0.29	839	6
052		Plx4							
053	Iris And Lens Procedures		0.330448	18	14	1,698	0.78	1,317	4
053		Plx1	0.315528	18	14	1,698	0.78	1,317	4
053		Plx2							
053		Plx3							
053		Plx4							

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Contact Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
054	Extraocular Procedures		0.41991	46	34	2,398	0.86	2,051	6
054		Plx1	0.399901	45	34	2,398	0.86	2,051	4
054		Plx2							
054		Plx3	2.575546	1	1	17,875	0.00	0	14
054		Plx4							
055	Lens Insertion (MNRH)		0.481236	195	158	2,531	0.34	866	1
055		Plx1	0.447772	192	156	2,520	0.34	867	1
055		Plx2	0.675447	2	2	4,048	0.25	996	2
055		Plx3	0.63562	1	1	3,394	0.00	0	1
055		Plx4							
057	Other Ophthalmic Procedures (MNRH)		0.251628	53	41	1,398	0.30	421	1
057		Plx1	0.230304	51	41	1,398	0.30	421	1
057		Plx2	0.380368	1	1	2,279	0.00	0	2
057		Plx3	0.314368	1	1	1,884	0.00	0	2
057		Plx4							
060	Major Eye Infections		0.662157	94	53	3,740	0.69	2,594	13
060		Plx1	0.601785	85	47	3,694	0.59	2,172	10
060		Plx2	0.477205	5	4	2,561	1.26	3,224	38
060		Plx3	0.718414	2	2	3,792	0.36	1,383	6
060		Plx4	1.081903	2					12
062	Hyphema		0.34683	24	9	2,247	0.67	1,507	10
062		Plx1	0.327772	24	9	2,247	0.67	1,507	10
062		Plx2							
062		Plx3							
062		Plx4							
063	Other Ophthalmic Diagnoses (MNRH)		0.415851	187	98	2,451	0.88	2,150	7
063		Plx1	0.379264	164	88	2,382	0.90	2,133	7
063		Plx2	1.265934	12	6	8,086	0.66	5,345	25
063		Plx3	0.427046	9	6	2,558	0.79	2,018	12
063		Plx4	2.603939	2	2	21,991	1.31	28,777	10

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
075	PWS - Radical Laryngectomy And Glossectomy		6.488794	62	56	39,167	0.40	15,526	66
075		Plx1	4.575583	19	16	29,086	0.34	9,945	37
075		Plx2	5.318565	13	13	33,934	0.26	8,834	43
075		Plx3	6.933318	10	10	43,785	0.39	17,067	69
075		Plx4	8.792112	20	19	55,946	0.38	21,403	88
076	PWS - Major Head And Neck Procedures		2.54341	179	157	15,560	1.09	17,019	37
076		Plx1	1.182824	123	106	7,502	1.04	7,837	16
076		Plx2	3.313049	21	18	21,187	0.62	13,104	28
076		Plx3	3.7667	11	10	24,470	0.47	11,585	32
076		Plx4	7.385426	24	19	51,023	0.45	23,091	57
077	Less Extensive Head And Neck Procedures		0.50557	298	225	2,937	0.73	2,156	4
077		Plx1	0.441672	277	215	2,730	0.64	1,753	4
077		Plx2	1.257464	10	9	7,811	0.61	4,751	12
077		Plx3	1.084792	5	4	6,763	0.21	1,391	16
077		Plx4	9.702557	6	5	60,768	0.78	47,620	91
078	Cleft Lip And Palate Repair		0.65171	174	160	4,326	0.35	1,496	4
078		Plx1	0.600731	169	158	4,275	0.33	1,428	4
078		Plx2	1.297073	4	4	9,355	0.35	3,259	11
078		Plx3	2.143756	1	1	13,596	0.00	0	10
078		Plx4							
081	Salivary Gland Procedures		0.661562	206	165	3,799	0.35	1,344	4
081		Plx1	0.610151	199	160	3,748	0.35	1,319	4
081		Plx2	0.836373	6	4	5,161	0.23	1,203	6
081		Plx3	1.077251	1	1	6,487	0.00	0	2
081		Plx4							
082	Minor Ear, Nose And Throat Procedures		0.362189	98	79	2,162	0.61	1,318	4
082		Plx1	0.276727	93	61	1,772	0.53	937	1
082		Plx2	0.829671	2	2	4,625	0.66	3,052	14
082		Plx3							
082		Plx4	0.550627	3	1	3,492	0.00	0	140

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
083	Reconstructive ENT Procedures		1.014546	369	353	5,510	0.47	2,573	5
083		Plx1	0.930297	361	347	5,412	0.45	2,445	5
083		Plx2	2.504886	3	3	13,812	0.17	2,373	6
083		Plx3	1.422398	4	4	8,552	0.23	1,950	11
083		Plx4	2.212371	1	1	13,258	0.00	0	5
084	Miscellaneous Ear, Nose And Throat Procedures		0.566273	145	105	3,343	0.98	3,291	10
084		Plx1	0.525875	133	101	3,292	1.01	3,335	10
084		Plx2	0.549863	6	3	3,979	0.30	1,178	20
084		Plx3	2.173722	2	2	14,777	0.79	11,615	35
084		Plx4	7.075891	4	4	47,539	0.33	15,855	40
085	Mastoid Procedures		2.035624	208	176	12,668	1.24	15,738	4
085		Plx1	1.07608	199	132	7,401	1.51	11,143	1
085		Plx2	0.641846	4	3	3,856	0.42	1,604	4
085		Plx3	3.814476	3	3	24,022	0.85	20,414	23
085		Plx4	4.373888	2	2	27,740	0.99	27,529	28
086	Other Tonsillar Procedures		0.415482	46	20	2,638	0.49	1,289	10
086		Plx1	0.361858	36	17	2,387	0.39	925	8
086		Plx2	0.55016	9	3	4,057	0.57	2,322	4
086		Plx3	0.836322	1					2
086		Plx4							
087	Sinus Procedures		0.486338	129	69	2,783	0.56	1,546	4
087		Plx1	0.371007	123	53	2,123	0.26	545	1
087		Plx2	1.319665	3	2	8,804	1.03	9,103	6
087		Plx3	1.316575	2	2	10,610	0.58	6,170	7
087		Plx4	0.867202	1	1	7,493	0.00	0	4
088	Ethmoidectomy (MNRH)		0.388127	277	185	2,050	0.29	599	1
088		Plx1	0.370816	272	183	2,048	0.29	602	1
088		Plx2	0.404366	2	2	2,159	0.04	89	1
088		Plx3	3.485961	2	1	20,890	0.00	0	26
088		Plx4	0.404366	1					50

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
089	Dental Extraction Or Restoration (MNRH)		0.427979	158	128	2,640	0.57	1,502	4
089		Plx1	0.392873	146	119	2,574	0.57	1,475	4
089		Plx2	0.409561	7	6	2,872	0.38	1,095	6
089		Plx3	0.794683	4	3	4,799	0.44	2,108	7
089		Plx4	0.981955	1	1	6,815	0.00	0	8
090	External And Middle Ear Procedures (MNRH)		0.347199	111	78	1,964	0.42	829	1
090		Plx1	0.330598	111	78	1,964	0.42	829	1
090		Plx2							
090		Plx3							
090		Plx4							
091	Nasal Procedures (MNRH)		0.311476	161	37	1,761	0.53	939	1
091		Plx1	0.29347	160	37	1,761	0.53	939	1
091		Plx2							
091		Plx3							
091		Plx4	0.293476	1					9
092	Myringotomy (MNRH)		0.276496	36	21	1,695	0.34	572	1
092		Plx1	0.256271	29	18	1,625	0.36	591	1
092		Plx2	0.339177	3	2	2,931	0.40	1,167	3
092		Plx3	0.969686	3	3	6,150	1.14	6,994	10
092		Plx4	1.354575	1	1	8,591	0.00	0	6
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		0.329305	1,563	327	2,010	0.33	670	1
093		Plx1	0.303447	1,547	326	2,009	0.33	671	1
093		Plx2	0.553452	11	8	4,666	0.40	1,867	6
093		Plx3	1.009108	2					1
093		Plx4	2.545148	3	3	16,540	1.23	20,366	11
100	ENT Malignancy		1.643313	105	55	9,900	1.05	10,371	62
100		Plx1	0.864648	60	33	5,513	0.87	4,792	38
100		Plx2	1.432078	19	7	9,451	0.81	7,643	38
100		Plx3	2.35805	14	8	13,910	0.66	9,152	87
100		Plx4	4.136378	12	7	27,301	0.59	15,989	98

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
101	Acute Suppurative Infections		0.512649	79	27	2,973	0.69	2,064	11
101		Plx1	0.49422	74	25	3,057	0.70	2,125	11
101		Plx2	0.261817	4	2	1,933	0.09	169	12
101		Plx3							
101		Plx4	0.494246	1					12
102	Dysequilibrium		0.395229	877	183	2,198	0.64	1,416	10
102		Plx1	0.357559	836	174	2,160	0.65	1,409	10
102		Plx2	0.869549	35	13	4,998	0.68	3,387	21
102		Plx3	0.629388	6	1	3,772	0.00	0	23
102		Plx4							
104	Influenza		0.430134	709	167	2,470	1.02	2,515	10
104		Plx1	0.349481	634	142	2,168	0.82	1,780	10
104		Plx2	0.589262	46	14	3,448	1.01	3,477	13
104		Plx3	0.611386	24	11	4,210	0.54	2,272	10
104		Plx4	3.808801	5	1	24,156	0.00	0	12
107	Epiglottitis		0.728118	34	26	4,423	0.90	3,975	10
107		Plx1	0.556636	26	20	3,412	0.78	2,678	7
107		Plx2	0.493573	4	3	4,070	1.45	5,911	4
107		Plx3	1.451559	1	1	12,542	0.00	0	4
107		Plx4	1.772887	3	2	11,004	0.36	3,941	9
108	Epistaxis		0.382699	398	152	2,169	0.67	1,464	10
108		Plx1	0.342001	358	135	2,080	0.65	1,350	10
108		Plx2	0.375191	24	9	2,093	0.87	1,826	13
108		Plx3	0.544548	9	5	3,248	0.47	1,536	13
108		Plx4	1.115126	7	5	7,282	0.59	4,299	29
109	Other ENT Infections		0.492159	373	107	2,543	0.69	1,763	10
109		Plx1	0.426512	343	99	2,337	0.66	1,543	10
109		Plx2	0.712477	16	6	4,822	0.57	2,746	15
109		Plx3	2.616655	7	1	18,160	0.00	0	70
109		Plx4	1.576672	7	3	12,418	0.91	11,257	14

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
113	Sinusitis (MNRH)		0.473086	109	29	2,849	0.76	2,154	8
113		Plx1	0.425239	97	27	2,752	0.76	2,095	8
113		Plx2	0.967667	9	2	6,137	1.02	6,280	11
113		Plx3	0.954946	1	1	6,628	0.00	0	6
113		Plx4	0.967653	2					47
114	Sore Throat (MNRH)		0.339476	737	133	1,790	0.79	1,409	7
114		Plx1	0.299943	702	126	1,736	0.71	1,240	7
114		Plx2	0.4564	20	4	2,299	0.60	1,383	10
114		Plx3	0.59136	14	4	3,401	1.26	4,294	9
114		Plx4	1.406266	1	1	9,760	0.00	0	8
115	Miscellaneous ENT Diagnoses (MNRH)		0.333901	994	137	1,930	0.64	1,227	4
115		Plx1	0.213357	931	75	1,370	0.55	749	1
115		Plx2	1.199305	33	25	7,142	0.76	5,398	33
115		Plx3	1.437798	20	15	9,243	0.85	7,859	35
115		Plx4	2.878831	10	9	17,222	0.77	13,294	46
116	Croup (MNRH)		0.230196	377	101	1,412	0.69	969	4
116		Plx1	0.211934	367	99	1,424	0.68	975	4
116		Plx2	0.130897	9	2	830	0.29	243	4
116		Plx3	0.662559	1	1	4,202	0.00	0	5
116		Plx4							
125	Tracheostomy		18.170167	150	128	102,245	0.74	75,761	160
125		Plx1	1.259921	17	13	8,119	0.70	5,682	23
125		Plx2	4.001439	2	2	21,367	0.77	16,399	14
125		Plx3	5.973864	4	4	33,578	0.46	15,366	42
125		Plx4	19.579756	127	106	117,185	0.59	69,594	154
126	PWS - Resection Of Lung		1.638613	364	342	10,156	0.36	3,673	17
126		Plx1	1.439495	233	228	9,292	0.30	2,777	16
126		Plx2	1.677092	55	51	10,904	0.34	3,663	20
126		Plx3	1.864951	48	45	12,058	0.41	4,996	21
126		Plx4	3.104475	28	25	20,267	0.69	13,921	41

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
127	**Major Respiratory Procedures**		**2.111608**	**550**	**453**	**12,459**	**1.00**	**12,478**	**38**
127		Plx1	1.262122	283	234	7,927	0.61	4,800	28
127		Plx2	1.853017	105	82	11,441	0.64	7,353	39
127		Plx3	2.174291	76	66	13,610	0.59	7,998	46
127		Plx4	5.288804	86	77	33,755	0.89	29,902	69
128	**Minor Respiratory Procedures**		**1.074283**	**100**	**83**	**6,952**	**0.57**	**3,987**	**15**
128		Plx1	0.973728	70	61	6,789	0.51	3,485	12
128		Plx2	1.122711	16	14	7,497	0.70	5,238	20
128		Plx3	0.79722	7	6	5,607	0.78	4,356	13
128		Plx4	9.130933	7	5	55,531	0.28	15,788	57
129	**Other Respiratory Procedures**		**0.679662**	**202**	**161**	**4,308**	**0.78**	**3,371**	**13**
129		Plx1	0.465952	163	121	3,203	0.30	964	4
129		Plx2	1.15681	19	17	7,241	0.58	4,197	32
129		Plx3	1.160297	9	8	7,193	0.36	2,623	27
129		Plx4	4.56765	11	9	27,820	0.50	13,982	78
135	**Tuberculosis**		**1.648656**	**54**	**39**	**9,806**	**0.79**	**7,791**	**67**
135		Plx1	1.393595	40	28	8,736	0.80	7,028	60
135		Plx2	3.89617	7	6	24,741	0.77	18,984	128
135		Plx3	1.404542	5	5	8,584	0.92	7,898	64
135		Plx4	4.141205	2	2	26,264	1.01	26,631	82
136	**Respiratory Failure**		**2.393352**	**478**	**332**	**13,272**	**1.11**	**14,681**	**37**
136		Plx1	1.278337	145	86	7,247	1.06	7,704	28
136		Plx2	1.491912	110	70	8,648	1.03	8,931	30
136		Plx3	1.738058	93	72	10,145	0.91	9,206	40
136		Plx4	3.938553	130	106	23,711	0.81	19,201	48
137	**Respiratory Infections And Inflammations**		**1.549052**	**930**	**617**	**8,644**	**1.08**	**9,313**	**31**
137		Plx1	0.896583	480	289	5,382	0.80	4,320	24
137		Plx2	1.350357	168	109	7,926	0.69	5,480	34
137		Plx3	1.668754	130	109	9,922	0.95	9,441	37
137		Plx4	3.123641	152	122	18,830	0.88	16,662	51

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
138	Respiratory Neoplasms		1.414662	1,290	683	8,090	0.77	6,215	40
138		Plx1	0.951875	590	276	5,827	0.67	3,877	30
138		Plx2	1.351643	378	190	8,224	0.75	6,147	46
138		Plx3	1.547607	210	138	9,547	0.63	6,052	45
138		Plx4	2.169461	112	74	13,575	0.79	10,661	54
139	Interstitial Disease		1.400069	280	139	7,899	0.97	7,681	36
139		Plx1	0.832307	148	60	4,860	0.78	3,804	24
139		Plx2	0.879544	65	31	5,333	0.63	3,383	30
139		Plx3	1.42755	35	23	7,934	0.66	5,204	42
139		Plx4	3.023254	32	22	18,739	0.67	12,492	69
140	Chronic Obstructive Pulmonary Disease (COPD)		1.117221	1,431	614	6,001	1.08	6,481	25
140		Plx1	0.674009	580	147	3,924	0.70	2,761	21
140		Plx2	0.759797	495	242	4,291	0.80	3,445	19
140		Plx3	1.326694	236	133	7,482	0.84	6,308	38
140		Plx4	2.316178	120	101	13,218	0.90	11,939	48
141	Pulmonary Edema		2.056101	220	92	11,502	1.40	16,141	23
141		Plx1	0.670943	113	35	3,853	1.13	4,348	19
141		Plx2	0.958538	36	15	5,968	0.74	4,409	15
141		Plx3	2.391341	25	11	13,488	1.19	16,095	31
141		Plx4	5.179493	46	37	30,900	0.91	28,065	46
142	Chronic Bronchitis		0.900584	3,366	1560	4,663	0.91	4,263	24
142		Plx1	0.626413	2,256	943	3,478	0.72	2,505	18
142		Plx2	0.861353	644	322	4,833	0.75	3,630	25
142		Plx3	1.352648	314	207	7,629	0.84	6,405	41
142		Plx4	2.335325	152	104	13,600	0.67	9,146	52
143	Simple Pneumonia And Pleurisy		0.873697	7,462	2879	4,705	1.08	5,063	20
143		Plx1	0.584794	5,561	1915	3,331	0.78	2,598	14
143		Plx2	0.935315	1,009	479	5,496	0.96	5,301	28
143		Plx3	1.354393	546	287	8,043	0.89	7,181	34
143		Plx4	2.605383	346	234	15,940	0.85	13,586	46

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
144	Pneumothorax		0.597113	252	155	3,296	0.77	2,531	14
144		Plx1	0.459864	213	128	2,687	0.69	1,859	11
144		Plx2	0.743436	21	14	4,508	0.56	2,523	19
144		Plx3	1.342806	13	11	8,326	0.44	3,623	24
144		Plx4	3.302791	5	3	19,651	0.76	14,953	61
145	Tracheobronchitis		0.596521	2,817	968	3,371	0.83	2,791	8
145		Plx1	0.524834	2,488	879	3,235	0.76	2,454	8
145		Plx2	0.931669	242	88	5,649	0.88	4,973	17
145		Plx3	1.373695	59	29	9,356	0.87	8,106	23
145		Plx4	4.45154	28	21	30,866	0.64	19,846	41
146	Asthma		0.399393	2,478	1088	2,359	0.83	1,968	7
146		Plx1	0.345729	2,261	1010	2,234	0.74	1,654	7
146		Plx2	0.658412	165	69	4,217	0.83	3,504	11
146		Plx3	0.848345	37	26	5,903	0.99	5,825	20
146		Plx4	3.382561	15	13	20,010	0.45	8,968	31
147	Other Respiratory Diagnoses		0.732391	1,340	544	4,317	1.09	4,727	16
147		Plx1	0.537325	1,038	379	3,377	0.96	3,235	13
147		Plx2	0.808899	176	91	5,203	0.89	4,619	20
147		Plx3	0.940465	87	46	5,826	0.75	4,369	23
147		Plx4	2.47207	39	32	15,521	1.09	16,849	32
175	PWS - Heart Or Lung Transplant		12.814112	76	67	77,488	1.03	79,644	120
175		Plx1	5.807087	8	8	36,830	0.30	11,165	27
175		Plx2	7.482495	10	10	47,455	0.34	16,298	30
175		Plx3	7.418805	14	14	47,051	0.19	9,115	44
175		Plx4	22.424085	44	43	142,218	0.85	120,600	231
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		7.356234	59	56	47,787	0.62	29,548	59
176		Plx1	4.165279	13	13	27,840	0.23	6,462	46
176		Plx2	4.896498	17	16	32,582	0.26	8,524	49
176		Plx3	5.956636	6	6	40,705	0.12	4,811	41
176		Plx4	12.229818	23	22	83,613	0.52	43,492	88

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		3.648536	499	460	23,048	0.42	9,591	22
177		Plx1	2.835957	234	225	18,558	0.24	4,441	14
177		Plx2	3.371853	105	102	22,366	0.28	6,351	20
177		Plx3	4.247355	73	72	28,147	0.39	11,096	33
177		Plx4	6.547069	87	83	43,127	0.49	21,171	50
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		4.789321	337	321	31,088	0.52	16,284	45
178		Plx1	3.813751	82	79	25,753	0.25	6,311	37
178		Plx2	3.80717	108	105	25,733	0.29	7,416	39
178		Plx3	4.574411	79	78	30,685	0.36	11,149	47
178		Plx4	7.651823	68	62	51,999	0.67	34,690	66
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		2.783663	1,467	1384	17,599	0.42	7,413	20
179		Plx1	2.221888	655	616	14,554	0.21	2,984	11
179		Plx2	2.588121	437	411	17,128	0.31	5,356	18
179		Plx3	3.193145	226	221	21,224	0.37	7,809	27
179		Plx4	5.903372	149	144	39,332	0.72	28,257	45
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		7.710199	20	17	47,742	0.72	34,572	55
181		Plx1	1.938083	2	2	13,451	0.10	1,279	11
181		Plx2	4.57429	4	4	29,885	0.39	11,652	33
181		Plx3	5.112345	5	4	33,062	0.32	10,438	49
181		Plx4	11.813214	9	7	76,132	0.49	37,094	61
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		3.41115	309	285	20,862	0.58	12,085	20
182		Plx1	2.305429	138	130	14,890	0.25	3,725	10
182		Plx2	2.965704	51	49	18,938	0.36	6,866	15
182		Plx3	3.381842	48	43	21,721	0.41	8,832	21
182		Plx4	6.686975	72	67	42,410	0.52	22,211	44
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		2.741994	130	113	17,422	0.82	14,264	34
183		Plx1	1.190321	40	34	7,754	0.63	4,923	10
183		Plx2	1.97063	21	19	12,806	0.55	6,980	28
183		Plx3	2.278036	19	17	15,368	0.51	7,839	23
183		Plx4	4.558987	50	44	30,018	0.58	17,444	53

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		2.677557	98	88	16,166	0.78	12,674	34
184		Plx1	1.48818	31	28	9,497	0.53	4,995	17
184		Plx2	1.954754	21	19	12,398	0.53	6,616	19
184		Plx3	2.557883	21	20	16,399	0.69	11,308	30
184		Plx4	5.777987	25	24	36,219	0.63	22,657	79
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		4.929194	264	218	31,384	0.44	13,791	40
185		Plx1	4.650146	103	87	31,140	0.33	10,241	27
185		Plx2	3.99804	70	61	26,319	0.47	12,298	39
185		Plx3	4.522913	56	43	30,037	0.36	10,704	40
185		Plx4	6.974409	35	29	45,754	0.44	20,080	59
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		2.288679	1,058	673	14,380	0.58	8,358	23
186		Plx1	1.900972	736	468	12,520	0.51	6,387	19
186		Plx2	2.830999	175	118	18,213	0.58	10,475	35
186		Plx3	2.819281	103	68	18,608	0.52	9,726	32
186		Plx4	4.230051	44	29	27,522	0.61	16,724	46
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1.632792	1,896	1391	10,236	0.46	4,671	15
188		Plx1	1.459929	1,361	968	9,635	0.45	4,338	14
188		Plx2	1.657591	300	254	10,516	0.44	4,609	18
188		Plx3	2.072107	156	140	13,128	0.39	5,086	23
188		Plx4	3.790303	79	68	23,900	0.66	15,710	54
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1.091624	1,749	862	7,259	0.45	3,244	4
189		Plx1	1.040453	780	428	7,210	0.43	3,079	1
189		Plx2	1.148959	856	417	7,896	0.47	3,736	10
189		Plx3	1.776022	95	46	11,926	0.50	5,982	31
189		Plx4	2.577561	18	13	17,089	0.58	9,920	47
191	Temporary Cardiac Pacemaker		2.205735	60	32	13,355	0.66	8,826	25
191		Plx1	1.281177	28	12	8,429	0.61	5,164	21
191		Plx2	2.516815	9	4	16,823	0.79	13,370	31
191		Plx3	2.977147	8	4	18,915	0.48	9,007	29
191		Plx4	2.477511	15	12	15,273	0.57	8,712	33

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
193	Cardiac Pacemaker Device Replacement Or Revision		1.893047	108	37	11,651	0.93	10,865	4
193		Plx1	1.822043	93	32	11,663	0.98	11,421	4
193		Plx2	2.674915	10	9	18,395	0.77	14,231	33
193		Plx3	2.092078	3	3	13,941	0.55	7,721	11
193		Plx4	2.609756	2	2	17,501	0.37	6,405	26
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		0.789705	236	221	5,119	0.78	4,012	10
194		Plx1	0.575145	199	170	3,941	0.54	2,124	4
194		Plx2	1.252981	23	21	8,417	0.59	4,927	14
194		Plx3	1.313271	7	7	10,019	0.45	4,500	14
194		Plx4	3.930102	7	7	25,024	0.87	21,685	44
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		1.65986	116	74	9,076	1.06	9,663	28
200		Plx1	0.960669	37	17	5,845	0.83	4,841	24
200		Plx2	1.188118	27	16	7,287	0.78	5,651	24
200		Plx3	1.701711	29	20	9,924	1.21	12,047	27
200		Plx4	2.073198	23	20	12,578	1.05	13,255	36
201	AMI With Cardiac Cath With Congestive Heart Failure		2.29128	140	120	12,393	0.48	5,896	35
201		Plx1	1.774861	81	67	10,201	0.45	4,583	30
201		Plx2	2.396453	22	18	13,799	0.43	5,915	43
201		Plx3	2.486377	23	23	13,918	0.28	3,872	27
201		Plx4	3.126776	14	11	19,170	0.46	8,762	57
202	AMI With Cardiac Cath With Ventricular Tachycardia		1.953601	26	16	10,965	0.48	5,218	22
202		Plx1	1.726768	22	12	10,354	0.45	4,696	20
202		Plx2	2.497617	1	1	13,337	0.00	0	11
202		Plx3	1.889668	2	2	10,404	1.04	10,865	12
202		Plx4	2.456971	1	1	17,052	0.00	0	16
203	AMI With Cardiac Cath With Angina		1.504034	70	52	8,017	0.44	3,522	22
203		Plx1	1.406055	62	45	7,883	0.43	3,406	20
203		Plx2	1.489193	4	3	8,700	0.20	1,760	14
203		Plx3	1.779697	3	3	10,173	0.67	6,845	18
203		Plx4	0.875063	1	1	5,550	0.00	0	4

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWKV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
204	**AMI With Cardiac Cath Without Specified Cardiac Conditions**		**1.577233**	**732**	**534**	**8,355**	**0.50**	**4,208**	**23**
204		Plx1	1.38008	651	471	7,858	0.45	3,522	20
204		**Plx2**	**1.99996**	**46**	**32**	**11,694**	**0.54**	**6,361**	**35**
204		Plx3	2.040588	25	21	11,930	0.51	6,090	48
204		**Plx4**	**2.983261**	**10**	**9**	**17,466**	**0.53**	**9,173**	**27**
205	AMI Without Cardiac Cath With Congestive Heart Failure		1.524601	449	219	8,280	0.69	5,733	34
205		**Plx1**	**1.095444**	**255**	**121**	**6,227**	**0.67**	**4,188**	**24**
205		Plx2	1.80701	82	42	10,822	0.82	8,854	39
205		**Plx3**	**1.872717**	**60**	**30**	**10,911**	**0.65**	**7,057**	**44**
205		Plx4	2.64806	52	32	15,448	0.64	9,954	45
206	**AMI Without Cardiac Cath With Ventricular Tachycardia**		**1.378805**	**76**	**30**	**6,712**	**0.92**	**6,178**	**17**
206		Plx1	1.321327	51	18	6,673	0.92	6,117	18
206		**Plx2**	**0.671352**	**10**	**3**	**4,040**	**0.83**	**3,343**	**22**
206		Plx3	0.889092	8	4	4,721	1.11	5,223	10
206		**Plx4**	**1.623223**	**7**	**5**	**10,350**	**0.86**	**8,926**	**23**
207	AMI Without Cardiac Cath With Angina		0.927053	93	25	5,140	0.76	3,884	20
207		**Plx1**	**0.644771**	**81**	**19**	**3,815**	**0.62**	**2,378**	**17**
207		Plx2	1.460323	11	5	8,653	0.60	5,175	29
207		**Plx3**							
207		Plx4	2.127862	1	1	12,751	0.00	0	13
208	**AMI Without Cardiac Cath Without Specified Cardiac Conditions**		**0.965339**	**1,725**	**709**	**4,983**	**0.75**	**3,729**	**17**
208		Plx1	0.812206	1,453	580	4,546	0.72	3,286	14
208		**Plx2**	**1.230039**	**106**	**42**	**6,832**	**0.52**	**3,523**	**29**
208		Plx3	1.156646	106	58	6,652	0.82	5,425	24
208		**Plx4**	**1.728675**	**60**	**32**	**9,991**	**0.87**	**8,741**	**29**
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		1.902931	23	12	10,150	0.68	6,874	43
210		**Plx1**	**1.588711**	**20**	**9**	**8,906**	**0.59**	**5,254**	**39**
210		Plx2	0.90351	1	1	5,414	0.00	0	5
210		**Plx3**	**4.376385**	**1**	**1**	**26,352**	**0.00**	**0**	**26**
210		Plx4	1.55874	1	1	9,886	0.00	0	11

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWG	Activity	Casted Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
211	**Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions**		**1.184517**	**323**	**168**	**6,279**	**0.62**	**3,887**	**20**
211		Plx1	1.014031	303	155	5,827	0.53	3,068	17
211		**Plx2**	**1.312458**	**10**	**6**	**7,915**	**0.39**	**3,092**	**26**
211		Plx3	2.397667	6	4	14,330	0.75	10,802	21
211		**Plx4**	**4.134816**	**4**	**3**	**24,913**	**0.60**	**14,874**	**99**
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		1.063322	163	32	5,542	0.80	4,420	18
212		**Plx1**	**0.82285**	**132**	**26**	**4,535**	**0.65**	**2,956**	**15**
212		Plx2	2.743935	18	1	15,814	0.00	0	15
212		**Plx3**	**1.768309**	**8**	**5**	**11,469**	**0.87**	**9,995**	**46**
212		Plx4	4.513447	5	4	24,819	0.41	10,081	92
213	**Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions**		**0.644613**	**1,393**	**306**	**3,281**	**0.67**	**2,208**	**11**
213		Plx1	0.574534	1,319	286	3,180	0.66	2,090	11
213		**Plx2**	**0.847917**	**61**	**20**	**5,076**	**0.60**	**3,036**	**17**
213		Plx3	3.04618	7	3	15,600	0.46	7,144	39
213		**Plx4**	**1.258684**	**6**	**4**	**7,879**	**0.70**	**5,489**	**28**
215	Cardiac Cath With Congestive Heart Failure		1.864484	290	215	10,985	0.71	7,833	40
215		**Plx1**	**1.492292**	**209**	**154**	**9,158**	**0.58**	**5,270**	**31**
215		Plx2	2.182548	38	32	13,148	0.79	10,325	43
215		**Plx3**	**2.219612**	**22**	**14**	**15,166**	**0.77**	**11,691**	**44**
215		Plx4	3.922011	21	18	25,147	0.52	13,028	76
216	**Cardiac Cath With Ventricular Tachycardia**		**1.524317**	**129**	**93**	**8,507**	**0.57**	**4,868**	**29**
216		Plx1	1.283347	106	74	7,548	0.43	3,239	29
216		**Plx2**	**1.736545**	**15**	**13**	**10,321**	**0.39**	**3,996**	**22**
216		Plx3	1.837874	6	5	11,641	0.32	3,759	35
216		**Plx4**	**5.566905**	**2**	**2**	**31,917**	**0.37**	**11,742**	**43**
217	Cardiac Cath With Unstable Angina		1.176935	357	316	6,280	0.49	3,093	21
217		**Plx1**	**1.028477**	**327**	**285**	**5,931**	**0.46**	**2,711**	**19**
217		Plx2	1.368866	19	18	8,031	0.34	2,745	25
217		**Plx3**	**1.981441**	**5**	**5**	**10,372**	**0.52**	**5,414**	**24**
217		Plx4	2.123788	6	6	12,537	0.62	7,731	43

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
218	Cardiac Cath Without Specified Cardiac Conditions		0.833209	1,122	719	4,931	0.75	3,699	17
218		Plx1	0.743684	1,055	674	4,702	0.55	2,569	17
218		Plx2	1.350673	51	35	8,638	1.36	11,742	18
218		Plx3	1.250795	13	9	7,627	0.48	3,680	37
218		Plx4	1.755438	3	3	9,365	0.43	4,029	23
219	Endocarditis		2.530312	86	59	14,387	0.84	12,061	64
219		Plx1	1.525161	37	21	8,912	0.84	7,472	52
219		Plx2	1.740193	5	2	10,338	0.40	4,097	35
219		Plx3	1.834657	21	17	11,458	0.43	4,886	49
219		Plx4	3.767876	23	18	22,730	0.70	15,990	81
220	Pulmonary Embolism		0.915164	725	440	5,083	0.77	3,931	22
220		Plx1	0.651473	452	256	3,866	0.62	2,379	16
220		Plx2	1.047553	172	117	6,107	0.65	3,987	25
220		Plx3	1.352736	67	49	7,946	0.77	6,086	47
220		Plx4	2.232868	34	25	13,267	0.84	11,152	51
222	Heart Failure		1.078947	4,416	1725	5,826	0.87	5,071	28
222		Plx1	0.774614	2,873	1058	4,497	0.72	3,233	24
222		Plx2	1.181392	821	323	6,811	0.81	5,490	36
222		Plx3	1.512963	410	220	8,759	0.77	6,710	48
222		Plx4	2.879727	312	196	16,997	0.82	13,912	83
225	Hypertensive Heart Disease		1.068665	114	34	5,808	0.65	3,803	30
225		Plx1	0.844712	54	9	4,633	0.77	3,569	20
225		Plx2	1.001932	41	20	6,036	0.65	3,936	25
225		Plx3	1.728515	13	5	10,116	0.93	9,442	37
225		Plx4	1.722657	6	1	10,323	0.00	0	62
226	Other Circulatory Diagnoses		0.799842	967	480	4,540	0.84	3,820	20
226		Plx1	0.598335	697	326	3,637	0.87	3,160	16
226		Plx2	1.042606	162	99	6,151	0.72	4,436	25
226		Plx3	1.386467	76	45	8,465	0.68	5,742	37
226		Plx4	2.365071	32	27	14,256	0.75	10,693	83

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
229	Atherosclerosis (MNRH)		0.747329	981	502	4,019	0.72	2,886	20
229		Plx1	0.575791	765	381	3,320	0.67	2,226	14
229		Plx2	0.989829	123	65	5,731	0.62	3,551	22
229		Plx3	1.520656	70	41	9,135	0.95	8,723	55
229		Plx4	2.407709	23	16	13,420	1.04	13,890	91
232	Acquired Valvular Disorders (MNRH)		0.808763	120	54	4,432	0.92	4,073	29
232		Plx1	0.598375	64	27	3,514	1.08	3,784	20
232		Plx2	0.761625	39	20	4,612	0.79	3,622	28
232		Plx3	2.275537	13	8	13,622	0.90	12,273	76
232		Plx4	5.329156	4	4	32,413	0.63	20,363	100
233	Hypertension (MNRH)		0.503176	769	126	2,784	0.84	2,330	11
233		Plx1	0.42089	663	101	2,479	0.74	1,837	13
233		Plx2	0.722398	78	18	4,563	1.31	5,969	17
233		Plx3	0.688891	18	7	4,747	0.94	4,470	18
233		Plx4	1.893874	10	5	10,981	0.25	2,717	37
234	Congenital Cardiac Disorders (MNRH)		1.199961	29	21	7,790	0.98	7,641	24
234		Plx1	0.647716	14	9	4,045	0.67	2,722	16
234		Plx2	0.823144	8	7	6,585	0.77	5,078	25
234		Plx3	2.220776	3	3	13,806	0.71	9,760	24
234		Plx4	2.953673	4	3	21,405	0.51	11,022	13
235	Angina Pectoris		0.479233	816	122	2,282	0.76	1,728	10
235		Plx1	0.402355	725	105	2,144	0.74	1,586	10
235		Plx2	0.655025	77	16	3,444	0.75	2,571	15
235		Plx3	1.053112	13	3	4,734	0.78	3,676	19
235		Plx4	1.693673	1					7
237	Arrhythmia		0.721916	3,389	1110	3,890	0.87	3,378	16
237		Plx1	0.53095	2,690	800	3,097	0.87	2,694	13
237		Plx2	0.966123	481	203	5,671	0.70	3,980	24
237		Plx3	1.252294	168	83	7,825	0.95	7,452	31
237		Plx4	1.542775	50	34	9,291	0.71	6,577	41

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
240	**Syncope And Collapse**		**0.514044**	**925**	**284**	**2,883**	**0.72**	**2,081**	**13**
240		Plx1	0.453764	826	252	2,762	0.73	2,024	13
240		Plx2	0.848818	62	23	4,618	0.73	3,357	20
240		Plx3	1.094446	33	16	6,564	0.75	4,912	34
240		Plx4	2.955375	4	1	18,744	0.00	0	28
242	Chest Pain		0.425327	3,181	986	2,329	0.66	1,533	7
242		Plx1	0.383093	2,917	912	2,266	0.66	1,504	7
242		Plx2	0.589715	204	67	3,556	0.54	1,902	11
242		Plx3	1.065845	51	23	6,348	0.79	5,026	27
242		Plx4	0.823866	9	6	5,045	0.56	2,801	27
250	**Extensive Gastrointestinal Procedures**		**3.762696**	**88**	**70**	**22,393**	**0.65**	**14,561**	**37**
250		Plx1	1.90893	37	27	12,165	0.60	7,339	30
250		Plx2	3.24886	13	11	20,534	0.30	6,191	25
250		Plx3	3.462435	9	7	21,513	0.17	3,593	32
250		Plx4	5.970413	29	26	37,451	0.58	21,796	67
251	Gastrostomy And Colostomy Procedures		3.209738	1,691	1125	18,363	0.88	16,239	50
251		Plx1	1.904258	866	547	11,543	0.47	5,415	28
251		Plx2	2.509211	189	134	15,366	0.50	7,739	42
251		Plx3	2.916526	228	166	17,907	0.53	9,527	52
251		Plx4	7.526968	408	321	46,300	0.88	40,832	111
252	**Major Esophageal, Stomach And Duodenum Procedures**		**3.324276**	**97**	**66**	**19,280**	**1.07**	**20,568**	**36**
252		Plx1	2.055476	53	38	12,165	0.38	4,599	25
252		Plx2	1.839408	10	4	11,142	0.35	3,887	19
252		Plx3	2.297261	14	7	14,390	0.27	3,846	45
252		Plx4	7.083151	20	18	45,654	0.71	32,407	80
253	Major Intestinal And Rectal Procedures		1.863863	2,354	1287	10,730	0.55	5,936	25
253		Plx1	1.43317	1,569	829	8,772	0.37	3,210	18
253		Plx2	1.944944	232	129	11,927	0.40	4,735	29
253		Plx3	2.011341	283	173	12,366	0.46	5,684	29
253		Plx4	3.895119	270	167	24,109	0.67	16,253	59

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		1.298304	1,029	542	7,674	0.60	4,597	18
255		Plx1	1.066894	833	425	6,701	0.47	3,172	17
255		Plx2	1.854757	78	51	12,058	0.80	9,634	32
255		Plx3	1.46073	66	42	9,227	0.30	2,811	21
255		Plx4	3.179205	52	36	20,276	0.60	12,230	39
258	Laparotomy		1.356923	963	521	7,881	0.77	6,091	24
258		Plx1	0.9879	724	369	6,094	0.57	3,492	18
258		Plx2	1.721054	101	65	10,612	0.84	8,934	41
258		Plx3	2.120389	72	47	13,072	0.63	8,182	39
258		Plx4	3.506375	66	52	22,133	0.71	15,639	54
260	Less Extensive Intestinal And Rectal Procedures		0.590693	268	156	3,332	0.76	2,519	13
260		Plx1	0.479401	236	137	2,937	0.69	2,025	10
260		Plx2	1.000362	17	10	5,567	0.58	3,226	19
260		Plx3	1.008905	12	9	6,099	0.56	3,419	20
260		Plx4	6.666264	3	3	46,355	0.71	33,115	64
261	Complicated Appendectomy		0.803816	876	587	4,618	0.48	2,205	12
261		Plx1	0.699303	769	511	4,324	0.45	1,928	9
261		Plx2	1.064393	40	29	7,167	0.45	3,197	17
261		Plx3	0.998976	53	33	6,066	0.50	3,039	16
261		Plx4	0.998304	14	8	6,401	0.44	2,821	23
262	Simple Appendectomy		0.509967	2,211	1298	2,888	0.54	1,564	5
262		Plx1	0.467047	2,143	1268	2,851	0.54	1,553	5
262		Plx2	0.723417	46	25	4,979	0.47	2,329	9
262		Plx3	0.787848	18	14	5,237	0.28	1,486	9
262		Plx4	1.310959	4	3	9,262	0.30	2,774	15
264	Minor Gastrointestinal Procedures		0.635798	85	68	4,214	0.49	2,046	8
264		Plx1	0.524059	78	59	3,737	0.41	1,546	5
264		Plx2	0.940749	5	5	6,682	0.40	2,681	11
264		Plx3							
264		Plx4	0.943286	2	2	8,150	0.34	2,810	8

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWHV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
265	Abdominal Laparoscopy		0.534127	79	38	2,851	0.68	1,931	10
265		Plx1	0.475249	74	37	2,763	0.68	1,878	10
265		Plx2	0.475307	4					23
265		Plx3	1.062805	1	1	6,125	0.00	0	5
265		Plx4							
266	Anus And Stomal Procedures (MNRH)		0.441663	652	276	2,379	0.73	1,743	7
266		Plx1	0.397578	601	257	2,305	0.75	1,731	7
266		Plx2	0.66616	39	18	3,959	0.56	2,209	14
266		Plx3	0.669075	8	5	3,752	0.39	1,473	18
266		Plx4	4.289167	4	1	25,703	0.00	0	121
269	Bilateral Hernia Procedures		0.591666	1,528	813	3,212	0.50	1,618	7
269		Plx1	0.528148	1,424	757	3,080	0.50	1,529	7
269		Plx2	0.791911	66	40	4,641	0.38	1,763	12
269		Plx3	1.374816	25	19	8,188	0.47	3,827	22
269		Plx4	2.064132	13	11	11,916	0.97	11,608	29
271	Unilateral Hernia Procedures (MNRH)		0.431221	843	272	2,310	0.46	1,072	4
271		Plx1	0.395126	799	261	2,282	0.46	1,059	4
271		Plx2	0.879624	28	18	5,355	0.69	3,689	16
271		Plx3	1.621541	9	6	10,235	0.53	5,387	25
271		Plx4	1.590058	7	6	9,805	0.30	2,905	15
279	Digestive System Malignancy		1.154638	714	383	6,384	0.88	5,621	36
279		Plx1	0.75748	395	178	4,512	0.87	3,934	30
279		Plx2	1.112422	192	114	6,534	0.73	4,759	36
279		Plx3	1.285894	72	50	7,649	0.77	5,898	41
279		Plx4	2.160737	55	41	13,040	0.71	9,293	63
281	G.I. Hemorrhage		0.605008	2,189	1171	3,372	0.80	2,703	14
281		Plx1	0.460182	1,623	793	2,745	0.70	1,909	11
281		Plx2	0.624398	351	222	3,661	0.79	2,888	18
281		Plx3	1.075087	131	91	6,618	0.81	5,374	30
281		Plx4	1.485208	84	61	9,176	1.09	10,018	32

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
285	Complicated Ulcer		0.693258	167	98	3,837	0.72	2,773	21
285		Plx1	0.532262	95	53	3,151	0.64	2,017	20
285		Plx2	0.70105	48	31	4,165	0.74	3,077	18
285		Plx3	0.840875	17	12	4,781	0.49	2,351	20
285		Plx4	3.398034	7	3	20,869	0.83	17,260	39
286	Uncomplicated Ulcer		0.546392	272	111	3,005	0.69	2,074	14
286		Plx1	0.438231	212	71	2,586	0.64	1,642	11
286		Plx2	0.529677	44	27	3,137	0.66	2,065	15
286		Plx3	1.014512	12	10	6,358	1.11	7,041	27
286		Plx4	2.586772	4	2	15,609	0.00	43	42
289	Inflammatory Bowel Disease		0.54582	914	475	3,062	0.63	1,930	15
289		Plx1	0.521317	752	389	3,129	0.65	2,040	17
289		Plx2	0.448584	109	63	2,780	0.59	1,647	12
289		Plx3	0.813816	43	30	4,771	0.87	4,169	40
289		Plx4	1.777303	10	6	11,447	0.57	6,564	53
290	G.I. Obstruction		0.51136	2,019	899	2,763	0.72	1,999	14
290		Plx1	0.427859	1,774	792	2,483	0.66	1,636	11
290		Plx2	0.763163	139	63	4,421	0.73	3,239	24
290		Plx3	1.084277	69	26	6,526	0.93	6,069	28
290		Plx4	1.930506	37	18	11,095	0.74	8,236	38
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		0.457669	13,081	4026	2,494	0.82	2,044	13
294		Plx1	0.362874	11,466	3275	2,130	0.74	1,578	10
294		Plx2	0.617708	1,080	471	3,649	0.80	2,906	20
294		Plx3	0.792995	397	178	4,971	0.83	4,133	23
294		Plx4	1.73662	138	90	10,841	0.78	8,409	48
297	Other G.I. Diagnoses		0.55016	1,826	953	3,114	0.90	2,806	16
297		Plx1	0.424769	1,471	735	2,544	0.81	2,049	13
297		Plx2	0.629426	208	125	3,910	0.77	3,010	17
297		Plx3	0.965052	89	59	5,975	0.73	4,349	30
297		Plx4	2.243061	58	44	13,746	0.92	12,682	51

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
310	PWS - Liver Transplant		6.727146	67	56	40,680	0.54	21,797	56
310		Plx1	4.547029	9	9	28,838	0.24	7,003	26
310		Plx2	5.028698	10	10	31,893	0.27	8,741	24
310		Plx3	5.385564	5	5	34,156	0.33	11,245	34
310		Plx4	11.999631	43	42	76,104	0.79	59,966	124
311	Major Pancreatic Procedures		3.748698	209	182	21,200	0.75	15,965	62
311		Plx1	2.208989	97	81	13,302	0.41	5,513	29
311		Plx2	2.676118	34	32	16,128	0.47	7,604	42
311		Plx3	3.933803	32	28	23,889	0.54	12,805	85
311		Plx4	8.449631	46	42	49,947	0.83	41,391	107
312	Major Hepatobiliary Procedures		2.460074	155	123	14,859	0.53	7,852	26
312		Plx1	2.012177	84	71	12,804	0.35	4,436	15
312		Plx2	2.326543	24	21	15,161	0.46	7,043	36
312		Plx3	2.623044	24	18	16,823	0.31	5,144	26
312		Plx4	5.242673	23	20	32,828	0.51	16,768	80
313	Common Duct Exploration		2.32934	28	26	13,256	0.67	8,930	51
313		Plx1	1.497431	17	14	9,139	0.63	5,777	26
313		Plx2	2.004056	3	3	10,701	0.46	4,892	23
313		Plx3	2.467226	4	3	12,518	0.42	5,253	29
313		Plx4	3.551132	4	3	23,437	0.48	11,244	60
314	Other Hepatobiliary And Pancreatic Procedures		2.002085	163	111	11,463	0.74	8,457	31
314		Plx1	1.321512	81	59	8,002	0.49	3,929	24
314		Plx2	1.789124	32	18	10,744	0.42	4,550	22
314		Plx3	2.378144	18	13	14,520	0.67	9,696	39
314		Plx4	3.496355	32	24	21,741	0.58	12,699	72
315	Cholecystectomy		1.454571	419	271	8,005	0.52	4,153	19
315		Plx1	1.152848	273	162	6,760	0.45	3,024	15
315		Plx2	1.261324	72	49	7,591	0.49	3,696	17
315		Plx3	1.81389	52	42	10,733	0.44	4,731	20
315		Plx4	2.637504	22	16	15,579	0.42	6,492	30

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
317	Laparoscopic Cholecystectomy		0.642803	3,447	1311	3,369	0.45	1,531	7
317		Plx1	0.561645	3,005	1104	3,175	0.44	1,411	7
317		Plx2	0.901141	336	227	5,270	0.49	2,605	15
317		Plx3	1.31228	74	51	7,759	0.49	3,794	24
317		Plx4	2.369916	32	22	14,249	0.65	9,192	48
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		2.180881	70	54	12,885	0.78	10,104	34
320		Plx1	1.278114	37	26	8,093	0.49	3,940	14
320		Plx2	2.374776	6	3	17,040	0.40	6,871	28
320		Plx3	2.458875	14	13	15,320	0.52	8,012	33
320		Plx4	3.33543	13	10	20,578	0.86	17,721	51
323	Cirrhosis And Alcoholic Hepatitis		1.144749	405	260	6,382	0.87	5,558	33
323		Plx1	0.628695	128	68	3,807	0.65	2,484	20
323		Plx2	0.858403	120	87	5,083	0.71	3,585	25
323		Plx3	1.102931	77	48	6,261	0.71	4,470	37
323		Plx4	2.079631	80	58	12,736	0.84	10,652	51
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		1.229759	615	350	6,862	0.82	5,600	39
324		Plx1	0.999789	324	173	5,924	0.75	4,450	36
324		Plx2	1.030862	155	80	6,207	0.81	4,998	36
324		Plx3	1.415374	67	47	8,348	0.77	6,463	48
324		Plx4	1.593153	69	49	9,837	0.84	8,310	52
325	Pancreas Diseases Except Malignancy		0.608029	1,748	836	3,301	0.75	2,476	15
325		Plx1	0.495928	1,346	626	2,879	0.70	2,018	14
325		Plx2	0.698764	259	151	4,087	0.80	3,273	21
325		Plx3	1.196307	96	54	7,233	0.62	4,506	27
325		Plx4	2.753229	47	38	16,854	0.92	15,588	39
326	Liver Diseases Except Cirrhosis Or Cancer		1.034561	640	373	5,848	0.98	5,735	27
326		Plx1	0.561711	359	182	3,279	0.87	2,843	17
326		Plx2	0.961712	131	84	5,763	0.71	4,103	29
326		Plx3	1.351916	71	53	8,175	0.69	5,678	41
326		Plx4	2.213262	79	53	13,591	0.83	11,303	37

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
329	Biliary Tract Diseases		0.546977	1,405	488	2,961	0.81	2,389	13
329		Plx1	0.411526	1,113	342	2,386	0.75	1,794	10
329		Plx2	0.936363	96	60	5,471	0.90	4,930	24
329		Plx3	0.706419	157	80	4,141	0.69	2,865	20
329		Plx4	2.33511	39	31	14,247	1.09	15,493	50
350	Multiple Or Bilateral Joint Replacement		2.653874	71	44	14,996	0.42	6,351	33
350		Plx1	1.98937	45	25	11,818	0.33	3,861	15
350		Plx2	2.510863	8	5	17,476	0.07	1,262	26
350		Plx3	2.872276	10	8	16,505	0.50	8,295	44
350		Plx4	8.691076	8	5	54,374	0.70	37,955	158
351	Joint Replacement For Trauma		2.117357	767	541	12,048	0.55	6,580	37
351		Plx1	1.636118	466	334	9,844	0.42	4,176	24
351		Plx2	2.236691	145	105	13,568	0.47	6,352	46
351		Plx3	3.118372	80	57	19,189	0.57	10,962	60
351		Plx4	4.312248	76	59	26,560	0.60	15,988	115
352	Hip Replacement		1.771085	2,186	1405	9,829	0.26	2,538	14
352		Plx1	1.591322	1,687	1052	9,382	0.24	2,253	11
352		Plx2	1.793749	334	240	10,757	0.25	2,653	15
352		Plx3	2.080345	108	73	12,158	0.28	3,403	25
352		Plx4	2.192324	57	36	13,199	0.32	4,234	33
354	Knee Replacement		1.524447	2,642	1519	8,342	0.27	2,244	11
354		Plx1	1.387467	2,165	1247	8,099	0.26	2,104	11
354		Plx2	1.640301	293	199	9,787	0.29	2,795	15
354		Plx3	1.76495	117	77	10,244	0.33	3,429	18
354		Plx4	2.162777	67	38	12,462	0.41	5,109	34
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		1.792249	109	67	10,166	0.91	9,296	36
355		Plx1	0.840607	63	39	5,305	0.44	2,361	16
355		Plx2	1.819973	23	12	10,473	0.58	6,087	33
355		Plx3	2.368099	9	5	15,181	0.40	6,073	50
355		Plx4	4.922955	14	11	28,484	0.51	14,431	80

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
356	Repair Hip And Femur Procedures		1.349601	199	145	8,307	0.61	5,044	29
356		Plx1	0.994818	158	116	6,670	0.48	3,215	17
356		Plx2	2.008927	24	15	12,811	0.47	6,028	43
356		Plx3	2.635535	10	8	15,503	0.31	4,828	23
356		Plx4	9.357046	7	5	57,944	0.58	33,868	235
358	Lower Extremity Procedures With Infection		1.36268	115	89	8,092	0.79	6,429	31
358		Plx1	1.011966	89	69	6,423	0.59	3,759	21
358		Plx2	1.348605	14	11	8,372	0.76	6,334	24
358		Plx3	3.783942	4	4	23,309	0.60	13,994	126
358		Plx4	4.232497	8	5	25,014	0.56	14,034	64
359	Upper Extremity Procedures With Infection		1.393104	50	35	8,413	0.67	5,633	36
359		Plx1	1.105385	40	29	7,125	0.61	4,322	23
359		Plx2	1.766873	5	4	12,661	0.69	8,720	40
359		Plx3	10.566197	3	2	62,508	0.33	20,517	78
359		Plx4	2.935816	2	1	18,619	0.00	0	39
360	Upper Extremity Amputations And Revisions		2.063949	63	53	12,184	1.12	13,605	38
360		Plx1	1.258725	45	36	7,914	0.72	5,726	24
360		Plx2	2.089145	9	8	12,088	0.84	10,098	67
360		Plx3	2.668608	3	3	18,264	0.31	5,715	15
360		Plx4	5.934422	6	6	37,214	0.71	26,327	65
361	Musculoskeletal Biopsy For Malignancy		1.610768	44	32	10,608	0.71	7,486	43
361		Plx1	1.16796	30	24	7,930	0.69	5,496	31
361		Plx2	2.817255	9	8	19,424	0.38	7,380	90
361		Plx3	4.912574	4	4	32,304	0.42	13,623	131
361		Plx4	4.912589	1					13
362	Musculoskeletal Biopsy Without Malignancy		1.725384	81	66	10,531	1.46	15,408	50
362		Plx1	0.945576	59	48	6,296	0.78	4,902	27
362		Plx2	1.660621	6	5	9,963	0.41	4,115	41
362		Plx3	2.836567	5	5	17,993	0.40	7,212	88
362		Plx4	8.246233	11	11	49,130	1.03	50,649	158

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
363	Back And Neck Procedures With Fusion		1.408258	1,104	949	8,774	0.56	4,954	15
363		Plx1	1.261423	920	802	8,186	0.57	4,651	14
363		Plx2	1.689741	112	99	11,317	0.50	5,694	17
363		Plx3	2.376487	47	44	14,981	0.50	7,554	32
363		Plx4	5.247432	25	24	35,769	0.63	22,515	59
365	Back And Neck Procedures Without Fusion		0.749783	1,092	719	4,700	0.42	1,976	7
365		Plx1	0.709355	1,027	686	4,633	0.41	1,881	7
365		Plx2	1.295406	44	35	8,663	0.75	6,514	17
365		Plx3	1.149383	13	10	7,294	0.40	2,905	20
365		Plx4	6.481333	8	8	35,903	1.15	41,378	78
367	Shoulder Arthroplasty		1.28699	108	91	6,963	0.32	2,241	8
367		Plx1	1.171076	96	82	6,895	0.33	2,280	8
367		Plx2	1.26449	8	6	7,547	0.26	1,954	7
367		Plx3	1.166185	2	2	6,970	0.31	2,154	7
367		Plx4	1.894583	2	2	11,751	0.32	3,801	12
368	Major Hip And Knee Procedures		0.939262	27	23	5,533	0.48	2,677	15
368		Plx1	0.746753	21	19	4,795	0.43	2,082	10
368		Plx2	1.51239	2	2	11,818	0.25	2,989	16
368		Plx3	1.645959	4	3	9,946	0.47	4,703	38
368		Plx4							
369	Major Lower Extremity Procedures		0.898499	476	309	5,480	0.54	2,932	10
369		Plx1	0.81651	450	292	5,326	0.53	2,849	10
369		Plx2	1.260701	13	10	8,397	0.35	2,902	14
369		Plx3	1.317922	10	7	9,152	0.81	7,395	13
369		Plx4	4.840617	3	2	28,885	0.64	18,363	44
372	Major Upper Extremity Procedures		0.787795	308	160	4,699	0.53	2,478	7
372		Plx1	0.624586	292	138	4,050	0.40	1,621	4
372		Plx2	1.2928	10	5	8,079	0.45	3,629	17
372		Plx3	1.217498	4	2	7,818	0.08	648	5
372		Plx4	8.383479	2	1	44,767	0.00	0	56

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
374	**Minor Lower Extremity Procedures**		**0.581864**	**1,172**	**665**	**3,181**	**0.46**	**1,474**	**4**
374		Plx1	0.531783	1,153	658	3,166	0.46	1,467	4
374		Plx2	0.899144	11	9	5,520	0.40	2,234	15
374		Plx3	1.08222	7	3	7,193	0.35	2,492	12
374		Plx4	2.149649	1	1	18,573	0.00	0	14
375	**Minor Upper Extremity Procedures**		0.46546	1,362	678	2,339	0.31	723	1
375		Plx1	0.428386	1,349	678	2,339	0.31	723	1
375		Plx2	0.801948	10	9	4,811	0.29	1,385	10
375		Plx3	0.836349	1	1	5,304	0.00	0	5
375		Plx4	2.235918	2	2	13,412	1.03	13,818	19
376	**Miscellaneous Musculoskeletal Procedures**		**1.188356**	**202**	**169**	**7,298**	**0.81**	**5,928**	**11**
376		Plx1	1.016524	179	155	6,625	0.80	5,268	10
376		Plx2	2.128619	11	10	14,035	0.49	6,912	19
376		Plx3	2.507148	4	4	16,532	0.64	10,563	13
376		Plx4	8.882691	8	7	56,861	0.26	14,734	38
377	**Wound Debridement And Skin Graft For Musculoskeletal Disorders**		1.265076	203	170	7,575	0.98	7,396	29
377		Plx1	0.738835	165	134	4,791	0.79	3,772	16
377		Plx2	2.455928	16	15	15,033	0.48	7,147	43
377		Plx3	2.337017	9	8	15,496	0.34	5,322	27
377		Plx4	9.361706	13	12	56,946	0.67	38,401	94
378	**Soft Tissue Procedures (MNRH)**		**1.004281**	**71**	**62**	**6,121**	**0.73**	**4,493**	**18**
378		Plx1	0.776529	56	51	5,067	0.54	2,755	16
378		Plx2	1.060432	5	4	6,576	0.45	2,935	14
378		Plx3	2.121126	5	5	14,441	0.42	6,094	33
378		Plx4	2.611718	5	5	16,564	0.54	8,924	39
379	**Other Musculoskeletal Procedures (MNRH)**		0.607375	664	491	3,682	0.85	3,121	7
379		Plx1	0.459676	630	437	2,952	0.59	1,741	4
379		Plx2	1.614666	13	13	10,558	0.72	7,562	17
379		Plx3	2.76687	13	12	16,425	0.65	10,756	30
379		Plx4	5.058302	8	8	34,602	0.95	32,744	56

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
380	Other Lower Extremity Procedures (MNRH)		0.315816	433	218	1,443	0.35	504	1
380		Plx1	0.287309	427	217	1,441	0.35	505	1
380		Plx2	0.721583	4	3	5,142	0.79	4,061	7
380		Plx3	1.223684	2	1	7,761	0.00	0	4
380		Plx4							
381	Hand And Wrist Procedures (MNRH)		0.4227	126	68	2,431	0.39	944	1
381		Plx1	0.394162	123	68	2,431	0.39	944	1
381		Plx2	0.787264	2	2	4,983	0.50	2,506	4
381		Plx3	5.030621	1	1	30,146	0.00	0	47
381		Plx4							
382	Arthroscopy (MNRH)		0.343344	23	5	1,902	0.74	1,398	1
382		Plx1	0.319334	22	5	1,902	0.74	1,398	1
382		Plx2	1.809255	1	1	10,842	0.00	0	11
382		Plx3							
382		Plx4							
383	PWS - Joint Replacement For Malignancy		2.298674	25	15	13,753	0.49	6,714	43
383		Plx1	1.803904	12	8	10,933	0.26	2,874	16
383		Plx2	1.757443	3	3	10,278	0.30	3,126	12
383		Plx3	3.717917	4	3	25,803	0.08	2,015	83
383		Plx4	10.567201	6	5	71,934	0.65	46,485	176
384	PWS - Back And Neck Procedures For Malignancy		3.294252	24	22	21,017	0.61	12,904	39
384		Plx1	2.267549	10	10	14,802	0.44	6,560	21
384		Plx2	3.364697	4	3	22,501	0.04	848	16
384		Plx3	3.453084	2	2	21,588	0.37	8,089	17
384		Plx4	5.026053	8	7	34,325	0.63	21,607	61
385	PWS - Major Orthopaedic Oncology Procedures		2.494647	20	17	15,668	1.26	19,725	33
385		Plx1	1.58459	15	13	11,089	0.64	7,152	25
385		Plx2	1.690258	2	2	9,741	0.58	5,696	15
385		Plx3	2.117414	1	1	14,695	0.00	0	13
385		Plx4	11.791335	2	2	69,920	0.37	25,602	53

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
386	**Other Orthopaedic Oncology Procedures**		**1.266494**	**63**	**52**	**7,552**	**0.69**	**5,224**	**18**
386		Plx1	0.961875	54	44	6,112	0.53	3,237	16
386		Plx2	2.140554	5	5	12,670	0.51	6,501	19
386		Plx3	4.200828	2	2	28,445	0.67	18,932	22
386		Plx4	5.337317	2	2	37,042	0.39	14,346	40
391	**Secondary Neoplasms And Pathological Fractures**		**1.590104**	**711**	**307**	**9,178**	**0.77**	**7,107**	**48**
391		Plx1	1.173465	473	183	7,095	0.61	4,360	38
391		Plx2	1.803761	147	76	10,704	0.80	8,547	58
391		Plx3	2.085574	45	19	13,151	0.76	9,998	61
391		Plx4	3.498045	46	28	20,045	0.76	15,145	109
392	**Osteomyelitis**		**1.394876**	**125**	**60**	**8,139**	**0.97**	**7,873**	**52**
392		Plx1	0.984362	77	37	5,859	0.90	5,248	36
392		Plx2	1.418029	21	10	9,206	0.72	6,655	56
392		Plx3	1.21349	19	9	7,633	0.28	2,114	30
392		Plx4	5.670096	8	6	35,196	0.45	15,830	132
393	**Rheumatoid Arthritis**		**1.487437**	**136**	**48**	**8,211**	**1.25**	**10,272**	**39**
393		Plx1	0.734761	100	24	4,521	0.88	3,962	24
393		Plx2	1.574698	13	10	9,867	0.82	8,042	52
393		Plx3	1.663157	10	5	9,744	0.89	8,657	56
393		Plx4	3.180365	13	9	18,691	1.05	19,596	88
394	**Septic Arthritis**		**0.781817**	**88**	**30**	**4,258**	**0.91**	**3,876**	**23**
394		Plx1	0.563919	69	25	3,376	0.73	2,474	20
394		Plx2	2.494117	11	4	14,783	0.33	4,907	61
394		Plx3	0.407685	5	2	2,220	0.39	866	8
394		Plx4	4.621746	3	1	26,636	0.00	0	47
397	**Non-Inflammatory Arthritis**		**1.023922**	**216**	**61**	**5,363**	**0.83**	**4,442**	**30**
397		Plx1	0.63433	180	45	3,643	0.74	2,708	24
397		Plx2	1.35349	23	8	7,938	0.46	3,658	24
397		Plx3	2.234595	11	6	12,867	0.53	6,818	82
397		Plx4	3.611294	2	1	21,745	0.00	0	43

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
398	Other Inflammatory Arthritis		0.701752	685	259	3,979	0.79	3,160	21
398		Plx1	0.52538	517	182	3,253	0.72	2,343	17
398		Plx2	1.037784	75	43	6,014	0.86	5,153	32
398		Plx3	1.073941	56	25	6,728	0.81	5,450	41
398		Plx4	3.484792	37	20	22,179	1.23	27,353	78
399	Orthopaedic Aftercare		0.802594	506	205	4,245	1.01	4,268	32
399		Plx1	0.565163	413	166	3,375	0.98	3,322	25
399		Plx2	1.653477	48	17	8,453	0.76	6,443	72
399		Plx3	1.889196	28	17	10,220	0.71	7,305	77
399		Plx4	2.559037	17	11	13,496	0.82	11,074	70
401	Other Musculoskeletal Malignancies		0.995906	47	27	6,331	1.08	6,856	30
401		Plx1	0.552609	28	15	3,401	0.58	1,974	14
401		Plx2	1.308033	8	4	8,395	0.72	6,039	68
401		Plx3	1.342717	6	4	10,081	1.32	13,311	33
401		Plx4	1.590959	5	4	11,503	0.74	8,513	37
402	Disc Disease		0.848555	835	247	4,740	0.74	3,514	27
402		Plx1	0.66891	732	208	3,973	0.70	2,768	24
402		Plx2	1.852737	65	28	11,088	0.63	7,002	61
402		Plx3	2.275751	22	12	14,174	0.72	10,201	81
402		Plx4	2.39152	16	8	14,960	0.67	9,957	83
404	Other Musculoskeletal Infections		1.420899	4	3	8,165	0.33	2,714	36
404		Plx1	1.504556	3	2	9,214	0.31	2,850	16
404		Plx2							
404		Plx3	0.956387	1	1	6,066	0.00	0	11
404		Plx4							
407	Other Musculoskeletal Disorders		0.679848	116	55	3,980	0.95	3,767	22
407		Plx1	0.479394	93	41	2,997	0.82	2,459	13
407		Plx2	0.840058	11	5	5,970	0.77	4,593	20
407		Plx3	1.24163	9	5	7,708	1.00	7,709	23
407		Plx4	4.898688	3	2	28,502	1.31	37,199	73

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
409	Back Pain (MNRH)		0.575143	939	213	3,253	0.78	2,536	17
409		Plx1	0.452663	844	178	2,746	0.74	2,024	14
409		Plx2	1.130999	68	29	6,782	0.72	4,906	31
409		Plx3	1.534894	20	7	9,962	0.80	7,921	42
409		Plx4	3.812623	7	5	22,947	0.60	13,721	73
411	Signs, Symptoms And Deformities (MNRH)		0.513551	424	132	2,931	0.72	2,108	14
411		Plx1	0.497252	374	121	2,981	0.79	2,357	16
411		Plx2	1.392622	30	12	8,577	0.58	4,936	37
411		Plx3	0.851713	16	11	5,655	0.97	5,510	45
411		Plx4	1.511873	4	1	8,713	0.00	0	21
413	Joint Derangements (MNRH)		0.603207	125	59	3,405	1.05	3,568	16
413		Plx1	0.472946	108	52	2,820	0.87	2,451	13
413		Plx2	1.264413	11	4	7,702	0.91	7,032	29
413		Plx3	1.313846	4	2	7,922	0.01	94	13
413		Plx4	1.409305	2	2	9,632	0.95	9,152	27
414	Sprains Strains And Minor Injuries (MNRH)		0.44306	134	45	2,486	0.87	2,165	19
414		Plx1	0.394882	126	43	2,342	0.89	2,079	16
414		Plx2	1.022096	6	1	7,094	0.00	0	25
414		Plx3	0.642515	1	1	4,075	0.00	0	4
414		Plx4	0.394226	1					17
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		0.627282	1,016	493	3,524	0.44	1,550	4
425		Plx1	0.575	944	482	3,471	0.43	1,483	4
425		Plx2	2.131509	39	26	14,222	0.60	8,505	23
425		Plx3	2.132432	21	16	13,247	0.39	5,158	16
425		Plx4	2.467332	12	10	15,571	0.80	12,415	50
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		4.181545	72	62	24,361	0.87	21,188	105
427		Plx1	2.208486	44	36	13,610	0.60	8,119	50
427		Plx2	5.368245	7	6	29,999	0.27	8,242	112
427		Plx3	4.747878	11	9	28,774	0.56	16,253	91
427		Plx4	8.420501	10	9	53,690	0.59	31,824	118

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		0.651045	366	202	3,672	0.37	1,374	4
428		Plx1	0.599471	361	198	3,667	0.38	1,380	4
428		Plx2	1.006469	4	4	6,671	0.82	5,438	7
428		Plx3	0.608818	1	1	3,648	0.00	0	2
428		Plx4							
429	Total Mastectomy For Breast Malignancy		0.580551	865	598	3,155	0.35	1,120	4
429		Plx1	0.53332	842	591	3,141	0.35	1,108	4
429		Plx2	1.457459	17	10	8,038	0.59	4,720	22
429		Plx3	0.868904	5	4	4,918	0.35	1,703	11
429		Plx4	1.457708	1					9
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		0.530133	784	611	2,972	0.35	1,028	4
432		Plx1	0.49079	761	601	2,958	0.34	1,014	4
432		Plx2	0.585111	19	9	3,496	0.33	1,149	8
432		Plx3	2.749204	2	1	19,080	0.00	0	23
432		Plx4	1.031296	2	2	6,652	0.06	367	6
434	Breast Biopsy And Local Excision Without Malignancy		0.417647	102	44	2,257	0.43	974	1
434		Plx1	0.38562	101	44	2,257	0.43	974	1
434		Plx2	0.82622	1	1	5,734	0.00	0	3
434		Plx3							
434		Plx4							
435	Perianal And Pilonidal Cyst Procedures		0.377321	104	38	2,172	0.71	1,534	7
435		Plx1	0.346014	99	38	2,172	0.71	1,534	7
435		Plx2	2.236722	2	1	12,891	0.00	0	8
435		Plx3	1.718624	2	2	10,585	0.17	1,753	16
435		Plx4	3.751522	1	1	20,033	0.00	0	29
436	Plastic Surgery		0.565837	76	26	3,371	0.47	1,591	4
436		Plx1	0.528498	72	26	3,371	0.47	1,591	4
436		Plx2							
436		Plx3	2.27722	3	1	13,712	0.00	0	16
436		Plx4	0.528516	1					82

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		0.561669	267	155	3,233	0.60	1,939	10
437		Plx1	0.518838	251	151	3,192	0.61	1,938	10
437		Plx2	1.392323	7	3	8,189	0.51	4,203	52
437		Plx3	1.849611	5	4	10,069	0.86	8,697	65
437		Plx4	3.239385	4	3	19,524	0.43	8,374	110
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		1.387099	173	104	7,890	0.97	7,626	43
438		Plx1	0.884534	130	75	5,450	0.87	4,722	24
438		Plx2	1.038201	17	9	5,884	0.54	3,192	45
438		Plx3	2.282186	15	11	13,344	0.42	5,612	46
438		Plx4	7.836138	11	10	47,233	0.80	37,866	195
439	Skin Ulcer		2.002668	185	60	10,734	0.76	8,167	56
439		Plx1	1.545493	117	30	8,965	0.69	6,205	53
439		Plx2	2.831659	24	8	16,602	0.64	10,576	57
439		Plx3	1.450978	31	15	8,344	0.60	4,986	36
439		Plx4	3.643814	13	9	21,801	0.69	15,037	139
440	Major Skin Disorders		0.899151	137	64	5,560	1.07	5,934	26
440		Plx1	0.640055	99	42	4,328	0.88	3,815	23
440		Plx2	1.318555	20	13	7,572	0.55	4,142	38
440		Plx3	0.653846	12	5	4,172	0.70	2,909	22
440		Plx4	2.017528	6	4	13,694	1.33	18,186	28
443	Malignant Breast Disorders		1.041026	109	54	5,899	0.92	5,452	36
443		Plx1	0.56954	59	28	3,340	0.71	2,372	28
443		Plx2	1.215917	28	12	6,811	0.85	5,776	28
443		Plx3	1.925895	11	9	12,219	0.83	10,193	50
443		Plx4	1.641919	11	6	10,910	0.59	6,486	53
446	Non-Malignant Breast Disorders		0.396127	42	11	2,388	0.77	1,830	10
446		Plx1	0.369285	40	11	2,388	0.77	1,830	10
446		Plx2	0.369295	2					5
446		Plx3							
446		Plx4							

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWKV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
447	Cellulitis		0.694365	1,785	592	3,743	0.81	3,045	18
447		Plx1	0.540455	1,449	451	3,144	0.70	2,188	15
447		Plx2	0.905561	210	78	5,147	0.65	3,360	28
447		Plx3	0.92857	81	44	5,404	0.63	3,406	28
447		Plx4	2.59787	45	35	14,978	0.69	10,310	79
452	Trauma Of Skin, Subcutaneous Tissue And Breast		0.400386	363	87	2,442	0.86	2,099	10
452		Plx1	0.370342	332	84	2,414	0.88	2,126	10
452		Plx2	1.514659	17	4	8,695	0.42	3,623	36
452		Plx3	1.748226	10	5	10,723	0.70	7,529	41
452		Plx4	4.903886	4	2	34,034	0.87	29,544	133
454	Minor Skin Disorders		0.442703	361	134	2,304	0.82	1,881	13
454		Plx1	0.368927	301	110	2,067	0.84	1,735	10
454		Plx2	0.692205	26	11	4,210	1.23	5,193	42
454		Plx3	0.727441	23	10	4,272	0.79	3,370	23
454		Plx4	1.26341	11	5	6,013	0.40	2,419	30
476	PWS - Adrenal And Pituitary Procedures		1.468056	109	96	9,089	0.46	4,196	12
476		Plx1	1.302534	95	88	8,401	0.33	2,807	9
476		Plx2	2.873009	4	4	19,109	0.50	9,626	26
476		Plx3	3.269209	7	7	24,230	0.49	11,899	36
476		Plx4	4.885885	3	3	32,890	0.47	15,372	18
477	Parathyroid Procedures		0.650722	166	130	3,993	0.47	1,895	7
477		Plx1	0.558075	149	113	3,552	0.39	1,397	4
477		Plx2	1.259291	8	4	8,576	0.19	1,605	10
477		Plx3	0.585109	4	3	3,995	0.44	1,773	7
477		Plx4	2.899075	5	4	18,777	0.51	9,655	40
478	Obesity Procedures		0.804579	350	56	4,316	0.27	1,173	5
478		Plx1	0.759516	333	53	4,311	0.27	1,181	5
478		Plx2	0.792539	8	4	4,373	0.24	1,030	6
478		Plx3	2.20739	4	2	13,348	0.02	270	17
478		Plx4	3.632602	5	2	23,039	0.53	12,107	34

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
479	Thyroid Procedures		0.612829	847	636	3,545	0.40	1,430	4
479		Plx1	0.562055	799	608	3,459	0.39	1,337	4
479		Plx2	1.007234	25	19	6,405	0.46	2,918	8
479		Plx3	0.961702	17	15	6,214	0.37	2,276	10
479		Plx4	1.435827	6	4	9,932	0.68	6,749	30
480	Thyroglossal Procedures		0.509805	11	6	3,245	0.36	1,169	4
480		Plx1	0.476198	10	6	3,245	0.36	1,169	4
480		Plx2	0.47619	1					2
480		Plx3							
480		Plx4							
482	Other Endocrine, Nutrition And Metabolic Procedures		4.484653	169	128	28,175	1.04	29,348	37
482		Plx1	4.118465	82	68	27,400	1.10	30,266	35
482		Plx2	4.023329	26	19	25,368	1.28	32,429	26
482		Plx3	5.322275	25	22	35,770	0.90	32,244	52
482		Plx4	5.529702	36	27	33,908	0.69	23,433	95
483	Diabetes		0.564103	2,733	862	3,128	0.86	2,677	17
483		Plx1	0.41084	2,093	636	2,502	0.72	1,792	14
483		Plx2	0.764868	336	114	4,359	0.72	3,134	28
483		Plx3	0.879879	198	86	5,173	0.78	4,031	27
483		Plx4	2.180674	106	61	12,545	0.65	8,125	56
485	Nutritional And Miscellaneous Metabolic Disorders		0.717289	2,298	956	4,009	0.91	3,647	20
485		Plx1	0.512335	1,580	564	3,051	0.82	2,490	14
485		Plx2	0.767373	430	227	4,746	0.85	4,035	24
485		Plx3	1.199342	193	118	7,106	0.97	6,910	36
485		Plx4	2.04446	95	64	12,867	1.00	12,886	66
487	Cystic Fibrosis		1.715637	120	91	11,374	0.81	9,246	32
487		Plx1	1.383427	66	47	9,890	0.52	5,110	34
487		Plx2	1.488993	30	24	10,418	0.66	6,871	31
487		Plx3	1.568703	16	13	11,320	0.38	4,297	27
487		Plx4	3.64906	8	8	24,971	0.94	23,355	48

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
488	Inborn Errors Of Metabolism		1.02606	57	32	6,574	1.27	8,329	19
488		Plx1	0.5272	41	22	4,006	1.27	5,088	10
488		Plx2	1.573628	7	3	12,551	0.29	3,624	24
488		Plx3	1.024047	6	3	5,694	0.96	5,491	25
488		Plx4	3.147873	3	3	20,200	0.93	18,827	9
489	Endocrine Disorders		0.644052	411	172	3,864	0.73	2,836	19
489		Plx1	0.549635	331	138	3,485	0.73	2,529	16
489		Plx2	1.300123	50	29	8,166	0.73	5,921	52
489		Plx3	1.333936	16	9	8,308	0.80	6,646	39
489		Plx4	3.119762	14	11	20,228	1.05	21,232	172
500	PWS - Kidney Transplant		2.839837	133	117	18,006	0.41	7,320	19
500		Plx1	2.095411	55	48	14,000	0.25	3,454	10
500		Plx2	2.181006	11	11	14,851	0.29	4,269	21
500		Plx3	3.318309	37	34	21,995	0.43	9,479	20
500		Plx4	3.590284	30	23	24,690	0.45	11,151	41
501	Urinary Diversion And Augmentation		2.204896	129	110	12,349	0.36	4,483	29
501		Plx1	1.846906	73	69	11,061	0.34	3,720	24
501		Plx2	2.065296	17	14	12,487	0.23	2,861	30
501		Plx3	2.378659	18	14	13,690	0.42	5,793	41
501		Plx4	4.436365	21	17	26,372	0.69	18,284	91
502	Radical Prostatectomy		1.098821	657	588	5,978	0.25	1,473	7
502		Plx1	1.006806	568	528	5,861	0.23	1,358	7
502		Plx2	1.143688	53	42	6,834	0.27	1,834	10
502		Plx3	1.318098	26	20	7,697	0.28	2,185	12
502		Plx4	2.544372	10	6	15,558	0.77	11,953	33
503	Dialysis Procedures		0.970865	227	190	5,996	1.30	7,819	34
503		Plx1	0.321202	150	113	2,015	0.36	725	1
503		Plx2	1.211861	36	32	8,179	0.85	6,923	40
503		Plx3	1.878781	15	11	12,406	0.53	6,537	57
503		Plx4	10.828453	26	23	67,434	0.75	50,611	240

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
504	**Major Urinary Tract Procedures**		**1.261948**	**699**	**559**	**7,387**	**0.44**	**3,239**	**15**
504		Plx1	1.087314	578	476	6,865	0.40	2,766	12
504		Plx2	1.548564	54	43	9,163	0.40	3,620	21
504		Plx3	1.896267	36	26	11,762	0.42	4,914	22
504		Plx4	3.839445	31	26	23,259	0.71	16,502	55
505	**Reconstructive Urological Procedures**		**0.774301**	**54**	**46**	**4,208**	**0.54**	**2,281**	**13**
505		Plx1	0.737407	46	41	4,295	0.56	2,401	13
505		Plx2	0.651874	6	3	3,481	0.17	578	10
505		Plx3	0.622238	2	2	3,509	0.04	127	4
505		Plx4							
506	**Open Prostatectomy**		**0.924218**	**20**	**15**	**5,120**	**0.53**	**2,690**	**12**
506		Plx1	0.745469	17	12	4,500	0.43	1,936	15
506		Plx2	0.959492	2	2	5,124	0.10	518	5
506		Plx3							
506		Plx4	2.350164	1	1	12,550	0.00	0	8
507	**Vascular And Other Urinary Procedures**		**1.678767**	**26**	**23**	**9,772**	**1.08**	**10,549**	**34**
507		Plx1	0.763149	14	13	4,677	0.38	1,781	11
507		Plx2	1.909828	3	3	14,583	0.96	14,072	15
507		Plx3	1.509001	3	3	9,915	0.66	6,576	17
507		Plx4	7.892858	6	6	49,496	0.67	33,348	169
508	**Minor Upper Urinary Tract Procedures**		**1.103913**	**380**	**297**	**6,301**	**0.61**	**3,818**	**17**
508		Plx1	0.862623	302	239	5,184	0.39	2,031	11
508		Plx2	1.528758	30	26	9,410	0.52	4,904	30
508		Plx3	1.697693	30	22	10,623	0.41	4,369	26
508		Plx4	3.485742	18	11	22,405	0.65	14,553	70
509	**Minor Lower Urinary Tract Procedures**		**0.721895**	**148**	**67**	**4,156**	**0.72**	**2,976**	**10**
509		Plx1	0.62713	132	61	3,837	0.70	2,681	10
509		Plx2	1.259574	12	4	7,759	0.67	5,229	18
509		Plx3	1.072591	2	1	6,427	0.00	0	3
509		Plx4	0.999323	2	1	6,936	0.00	0	2

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
510	**Transurethral Prostatectomy**		**0.511761**	**1,365**	**646**	**2,793**	**0.40**	**1,104**	**7**
510		Plx1	0.454013	1,273	613	2,706	0.34	924	7
510		Plx2	0.81314	56	25	4,830	0.55	2,669	11
510		Plx3	0.832405	25	9	4,942	0.57	2,793	16
510		Plx4	1.229618	11	9	7,353	0.44	3,229	25
512	Other Transurethral Or Biopsy Procedures (MNRH)		0.36904	1,417	978	1,985	0.43	852	4
512		Plx1	0.33301	1,358	953	1,966	0.42	828	4
512		Plx2	0.7336	34	29	4,373	0.73	3,206	18
512		Plx3	0.737318	17	9	4,334	0.53	2,300	18
512		Plx4	3.520862	8	6	21,321	0.66	14,116	99
514	Miscellaneous Urinary Tract Procedures (MNRH)		0.435168	21	17	2,388	0.84	1,994	10
514		Plx1	0.413441	18	16	2,430	0.84	2,052	7
514		Plx2	0.296267	2	1	1,707	0.00	0	20
514		Plx3	0.413482	1					28
514		Plx4							
520	Renal Failure With Dialysis		2.553975	179	127	15,655	0.85	13,344	57
520		Plx1	1.352219	42	25	9,214	0.64	5,919	33
520		Plx2	1.345453	50	29	8,876	0.59	5,211	31
520		Plx3	2.674091	45	35	17,236	0.68	11,662	64
520		Plx4	4.23409	42	37	26,130	0.84	21,923	78
521	Renal Failure Without Dialysis		1.016369	1,091	523	5,647	0.87	4,934	30
521		Plx1	0.648081	482	199	3,799	0.79	3,014	23
521		Plx2	0.857099	301	150	5,111	0.83	4,236	27
521		Plx3	1.305487	206	117	7,856	0.79	6,215	40
521		Plx4	1.874538	102	65	11,367	0.79	9,033	57
522	Urinary Neoplasm		1.235951	393	161	6,762	0.78	5,249	42
522		Plx1	0.736137	168	68	4,166	0.85	3,560	29
522		Plx2	1.189283	135	45	6,919	0.68	4,704	47
522		Plx3	1.408308	55	29	8,227	0.55	4,545	43
522		Plx4	2.781281	35	22	17,172	0.62	10,714	68

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
524	**Nephrotic Syndrome**		**0.784844**	**72**	**53**	**4,907**	**0.97**	**4,761**	**20**
524		Plx1	0.577445	45	35	4,076	0.70	2,842	15
524		Plx2	1.017743	12	8	6,030	0.41	2,453	17
524		Plx3	0.530813	9	7	3,587	0.63	2,258	15
524		Plx4	2.324747	6	3	14,680	1.08	15,785	19
525	Nephropathy Without Nephrotic Syndrome		1.115211	64	35	6,877	0.79	5,418	27
525		Plx1	0.646728	35	14	4,515	0.84	3,776	11
525		Plx2	1.494512	9	5	9,777	0.58	5,624	28
525		Plx3	0.866993	14	11	5,413	0.50	2,700	25
525		Plx4	5.079005	6	5	29,631	0.76	22,559	89
526	**Miscellaneous Nephrological Diagnosis**		**0.746639**	**26**	**16**	**4,666**	**0.88**	**4,108**	**16**
526		Plx1	0.532112	19	12	3,393	0.69	2,329	9
526		Plx2	4.17941	6	6	26,213	0.85	22,304	110
526		Plx3	0.729046	1	1	6,299	0.00	0	7
526		Plx4							
527	Upper Urinary Tract Infection		0.525548	1,072	433	2,964	0.76	2,263	11
527		Plx1	0.432331	937	350	2,641	0.64	1,680	8
527		Plx2	0.696766	73	40	4,135	0.70	2,889	18
527		Plx3	0.697103	50	33	4,303	0.68	2,939	18
527		Plx4	1.611199	12	6	10,090	1.03	10,383	31
529	**Lower Urinary Tract Infection**		**0.702954**	**1,673**	**745**	**3,845**	**0.86**	**3,323**	**17**
529		Plx1	0.523183	1,219	496	3,073	0.65	2,007	14
529		Plx2	0.783466	235	126	4,630	0.76	3,508	24
529		Plx3	1.069184	143	89	6,247	0.74	4,653	29
529		Plx4	1.72114	76	59	10,352	0.77	7,984	41
532	Urinary Retention And Other Functional Disorders Of Bladder		0.414792	230	66	2,242	0.92	2,064	16
532		Plx1	0.305498	191	48	1,742	0.81	1,408	13
532		Plx2	0.614512	26	11	3,843	0.93	3,567	16
532		Plx3	0.456959	9	5	2,744	0.45	1,233	15
532		Plx4	0.714446	4	2	4,182	0.27	1,125	27

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
534	**Miscellaneous Urological Diagnoses (MNRH)**		**0.515536**	**211**	**123**	**2,998**	**0.84**	**2,530**	**13**
534		Plx1	0.374452	164	94	2,345	0.70	1,632	10
534		Plx2	0.902918	29	19	5,684	0.78	4,452	24
534		Plx3	1.176313	10	7	7,068	0.79	5,596	31
534		Plx4	1.125638	8	5	7,190	0.66	4,711	33
535	Hematuria (MNRH)		0.489957	241	135	2,620	0.88	2,307	14
535		Plx1	0.415343	183	98	2,378	0.76	1,802	14
535		Plx2	0.331848	46	25	1,992	0.92	1,834	10
535		Plx3	0.930311	8	7	5,501	0.71	3,881	24
535		Plx4	1.279501	4	4	8,694	0.82	7,111	50
536	Urinary Obstruction (MNRH)		0.338077	2,100	739	1,790	0.65	1,159	7
536		Plx1	0.296621	1,932	674	1,725	0.64	1,098	7
536		Plx2	0.532979	105	44	2,872	0.76	2,170	19
536		Plx3	0.614754	49	28	3,677	0.72	2,661	25
536		Plx4	1.900726	14	11	11,213	0.89	9,948	93
538	Admission For Dialysis (MNRH)		0.299256	4	1	1,810	0.00	0	22
538		Plx1	0.28533	4	1	1,810	0.00	0	22
538		Plx2							
538		Plx3							
538		Plx4							
550	Major Pelvic And Retroperitoneum Procedures								
550		Plx1							
550		Plx2							
550		Plx3							
550		Plx4							
551	Penis Procedures		0.508884	82	60	3,455	0.51	1,765	4
551		Plx1	0.444363	76	57	3,281	0.39	1,288	4
551		Plx2	1.841895	2	2	12,370	0.82	10,174	11
551		Plx3							
551		Plx4	10.22046	4	4	58,381	1.01	58,929	139

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
552	**Testes Procedures**		**0.386557**	**147**	**75**	**2,277**	**0.52**	**1,188**	**4**
552		Plx1	0.354801	136	73	2,255	0.53	1,196	4
552		**Plx2**	**1.891372**	**8**	**6**	**11,879**	**0.69**	**8,208**	**55**
552		Plx3	3.168476	2	2	19,666	1.09	21,354	26
552		**Plx4**	**3.168437**	**1**					**26**
554	**Miscellaneous Male Reproductive System Procedures (MNRH)**		**0.330848**	**175**	**63**	**1,784**	**0.47**	**844**	**1**
554		**Plx1**	**0.302431**	**171**	**63**	**1,784**	**0.47**	**844**	**1**
554		Plx2	0.302484	4					8
554		**Plx3**							
554		Plx4							
555	**Circumcision (MNRH)**		**0.213948**	**57**	**4**	**1,494**	**0.46**	**688**	**1**
555		Plx1	0.194791	56	4	1,494	0.46	688	1
555		**Plx2**	**0.194782**	**1**					**2**
555		Plx3							
555		Plx4							
560	**Malignancy Of Male Reproductive Organ**		**1.448086**	**7**	**3**	**8,724**	**0.19**	**1,638**	**30**
560		**Plx1**	**1.529406**	**3**	**1**	**10,615**	**0.00**	**0**	**15**
560		Plx2	1.114279	2	1	7,733	0.00	0	9
560		**Plx3**	**1.482209**	**1**	**1**	**7,824**	**0.00**	**0**	**13**
560		Plx4	1.972408	1					15
561	**Male Reproductive System Inflammation**		**0.446823**	**116**	**41**	**2,390**	**0.69**	**1,655**	**11**
561		Plx1	0.390227	110	38	2,241	0.69	1,551	11
561		**Plx2**	**0.618842**	**2**	**1**	**4,295**	**0.00**	**0**	**6**
561		Plx3	0.482393	3	1	2,151	0.00	0	6
561		**Plx4**	**0.920651**	**1**	**1**	**6,390**	**0.00**	**0**	**7**
562	**Other Male Reproductive System Diagnoses**		**0.461483**	**27**	**16**	**2,412**	**1.39**	**3,356**	**13**
562		**Plx1**	**0.284261**	**22**	**14**	**1,607**	**0.68**	**1,094**	**13**
562		Plx2	0.267029	2	1	1,694	0.00	0	4
562		**Plx3**							
562		Plx4	2.697044	3	1	14,402	0.00	0	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWMV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		0.078586	19	4	518	0.57	293	17
563		Plx1	0.073286	17	4	518	0.57	293	9
563		Plx2							
563		Plx3	8.123979	2	1	42,885	0.00	0	69
563		Plx4							
575	PWS - Pelvic Exenteration		3.457638	2	1	17,697	0.00	0	18
575		Plx1							
575		Plx2							
575		Plx3	3.314095	1	1	17,697	0.00	0	10
575		Plx4	3.314095	1					18
576	PWS - Radical Hysterectomy And Vulvectomy		1.198452	115	108	6,666	0.38	2,539	15
576		Plx1	1.06961	87	81	6,099	0.37	2,262	12
576		Plx2	1.359643	18	18	8,052	0.33	2,671	18
576		Plx3	1.326585	7	7	8,647	0.31	2,721	15
576		Plx4	3.212854	3	3	22,298	0.94	20,875	64
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		1.218602	197	161	7,113	0.43	3,028	16
577		Plx1	1.050452	135	113	6,362	0.38	2,447	13
577		Plx2	1.251419	27	23	8,098	0.36	2,886	15
577		Plx3	1.64014	19	17	10,302	0.48	4,917	22
577		Plx4	2.377455	16	14	14,942	0.54	8,070	52
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		0.929799	434	310	5,251	0.46	2,396	12
578		Plx1	0.817188	362	260	4,835	0.40	1,936	9
578		Plx2	1.062503	31	25	6,514	0.57	3,694	15
578		Plx3	1.355276	24	20	8,181	0.34	2,810	16
578		Plx4	3.791306	17	14	22,944	0.55	12,534	63
579	Major Uterine And Adnexal Procedures Without Malignancy		0.701175	5,958	4287	3,667	0.39	1,430	8
579		Plx1	0.62629	5,450	3941	3,519	0.36	1,273	8
579		Plx2	0.851111	294	217	4,941	0.33	1,624	9
579		Plx3	1.087458	172	118	6,275	0.43	2,693	13
579		Plx4	1.277958	42	27	8,000	0.38	3,070	14

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
581	**Reconstructive Gynecological Procedures**		**0.715842**	**1,269**	**768**	**3,966**	**0.45**	**1,787**	**8**
581		Plx1	0.635148	1,137	683	3,744	0.43	1,605	8
581		**Plx2**	**0.9209**	**98**	**70**	**5,576**	**0.37**	**2,062**	**12**
581		Plx3	1.232246	28	19	7,417	0.33	2,445	11
581		**Plx4**	**1.457298**	**6**	**4**	**8,425**	**0.38**	**3,231**	**19**
582	Other Gynecological Procedures		0.78631	151	92	4,210	0.55	2,337	13
582		**Plx1**	**0.664006**	**133**	**79**	**3,807**	**0.54**	**2,039**	**10**
582		Plx2	0.987818	7	5	5,565	0.43	2,406	16
582		**Plx3**	**1.482903**	**10**	**6**	**9,005**	**0.44**	**3,937**	**19**
582		Plx4	5.724618	1	1	30,219	0.00	0	37
583	**Radio-Implant For Malignancy**		**0.548185**	**77**	**34**	**3,672**	**0.19**	**696**	**8**
583		Plx1	0.517317	72	33	3,590	0.14	516	8
583		**Plx2**	**0.9173**	**2**	**1**	**6,366**	**0.00**	**0**	**4**
583		Plx3	0.517288	2					14
583		**Plx4**	**0.517288**	**1**					**50**
584	Vagina, Cervix And Vulva Procedures		0.394758	129	84	2,298	0.41	943	4
584		**Plx1**	**0.372383**	**126**	**83**	**2,275**	**0.41**	**924**	**4**
584		Plx2	1.205421	1	1	6,437	0.00	0	6
584		**Plx3**	**1.085861**	**2**	**2**	**6,610**	**0.51**	**3,339**	**14**
584		Plx4							
585	**Gynecological Laparoscopy (MNRH)**		**0.368963**	**52**	**23**	**2,139**	**0.53**	**1,125**	**7**
585		Plx1	0.340013	50	23	2,139	0.53	1,125	7
585		**Plx2**	**0.340037**	**1**					**1**
585		Plx3	0.340037	1					3
585		**Plx4**							
586	Tubal Interruption (MNRH)		0.515201	45	5	2,322	0.72	1,677	4
586		**Plx1**	**0.469129**	**45**	**5**	**2,322**	**0.72**	**1,677**	**4**
586		Plx2							
586		**Plx3**							
586		Plx4							

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 CMGW	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
587	Miscellaneous Gynecological Procedures (MNRH)		0.252832	367	234	1,390	0.53	733	4
587		Plx1	0.232139	357	231	1,374	0.53	722	4
587		Plx2	0.634863	5	4	4,090	0.72	2,948	14
587		Plx3	2.986583	5	3	19,789	0.21	4,151	80
587		Plx4							
592	Malignancy Of Female Reproductive Organ		1.209577	153	68	6,690	0.91	6,117	38
592		Plx1	0.826932	88	34	4,857	0.99	4,828	32
592		Plx2	0.898953	36	16	5,436	0.89	4,849	36
592		Plx3	1.762052	19	11	10,370	0.85	8,769	44
592		Plx4	2.506196	10	7	16,156	0.64	10,394	50
594	Female Reproductive System Infection		0.402799	220	79	2,128	0.63	1,336	8
594		Plx1	0.367418	209	75	2,073	0.60	1,236	8
594		Plx2	0.572139	9	3	3,590	0.87	3,123	15
594		Plx3	0.261959	1	1	1,818	0.00	0	2
594		Plx4	0.57212	1					1
595	Other Female Reproductive System Diagnoses And Injuries		0.331165	34	18	1,891	0.52	976	7
595		Plx1	0.299096	32	16	1,852	0.52	959	7
595		Plx2	0.401586	2	2	2,208	0.67	1,478	4
595		Plx3							
595		Plx4							
596	Miscellaneous Gynecological Diagnoses (MNRH)		0.304213	573	262	1,635	0.70	1,145	7
596		Plx1	0.253444	551	234	1,457	0.66	957	4
596		Plx2	0.340784	12	7	2,082	0.40	827	7
596		Plx3	0.688417	7	4	3,676	0.50	1,825	31
596		Plx4	4.150248	3	3	22,162	1.38	30,648	93
599	Premature Labour		0.445168	655	393	2,380	0.64	1,533	10
599		Plx9	0.420785	655	393	2,380	0.64	1,533	10
600	Major Procedures In Pregnancy Or Childbirth		1.066025	162	126	5,715	0.58	3,322	14
600		Plx9	0.99012	162	126	5,715	0.58	3,322	14

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWMT	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
601	Repeat Caesarean Delivery With Complicating Diagnosis		0.595769	738	514	3,200	0.34	1,099	6
601		Plx9	0.555709	738	514	3,200	0.34	1,099	6
602	Caesarean Delivery With Complicating Diagnosis		0.756497	3,117	2189	4,070	0.37	1,503	9
602		Plx9	0.704233	3,117	2189	4,070	0.37	1,503	9
603	Repeat Caesarean Delivery		0.49833	2,022	1290	2,640	0.33	866	5
603		Plx9	0.459989	2,022	1290	2,640	0.33	866	5
604	Caesarean Delivery		0.652598	3,003	2040	3,479	0.31	1,076	6
604		Plx9	0.603278	3,003	2040	3,479	0.31	1,076	6
605	Fetal Surgery		3.575723	1	1	18,301	0.00	0	21
605		Plx9	3.427278	1	1	18,301	0.00	0	21
606	Vaginal Delivery With Sterilization Procedures		0.565375	127	24	2,746	0.30	825	5
606		Plx9	0.517002	127	24	2,746	0.30	825	5
607	Vaginal Delivery With Minor Procedures		0.504782	286	133	2,606	0.51	1,328	5
607		Plx9	0.47147	286	133	2,606	0.51	1,328	5
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		0.432531	459	346	2,316	0.41	956	4
608		Plx9	0.402446	459	346	2,316	0.41	956	4
609	Vaginal Delivery With Complicating Diagnosis		0.440219	10,887	7764	2,376	0.49	1,170	7
609		Plx9	0.409522	10,887	7764	2,376	0.49	1,170	7
610	Vaginal Delivery After Caesarean Delivery (VBAC)		0.369424	717	448	1,982	0.41	804	4
610		Plx9	0.341566	717	448	1,982	0.41	804	4
611	Vaginal Delivery		0.343156	16,952	9847	1,816	0.46	832	4
611		Plx9	0.317	16,952	9847	1,816	0.46	832	4
612	Ectopic Pregnancy With Major Procedures		0.641726	139	84	3,424	0.39	1,352	8
612		Plx9	0.597204	139	84	3,424	0.39	1,352	8
613	Ectopic Pregnancy With Minor Procedures		0.41831	323	257	2,303	0.37	858	4
613		Plx9	0.389524	323	257	2,303	0.37	858	4
614	Ectopic Pregnancy		0.128423	90	53	657	0.57	373	1
614		Plx9	0.119641	90	53	657	0.57	373	1
615	Threatened Abortion		0.197981	239	82	1,003	0.55	556	4

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
615		Plx9	0.183734	239	82	1,003	0.55	556	4
616	Abortive Outcome With Injection		0.291505	32	25	1,462	0.39	573	4
616		Plx9	0.276196	32	25	1,462	0.39	573	4
617	Abortive Outcome With D And C		0.163848	1,410	822	891	0.48	427	1
617		Plx9	0.152158	1,410	822	891	0.48	427	1
618	Abortive Outcome		0.223323	609	195	1,172	0.77	898	1
618		Plx9	0.207457	609	195	1,172	0.77	898	1
619	False Labour LOS < 3 Days (MNRH)		0.16122	1,295	449	871	0.61	531	1
619		Plx9	0.150093	1,295	449	871	0.61	531	1
620	Post-Partum Diagnosis With Procedures Other Than D And C		0.661074	27	14	3,636	0.82	2,971	13
620		Plx9	0.613151	27	14	3,636	0.82	2,971	13
621	Post-Partum Diagnosis With D And C		0.271065	213	144	1,453	0.84	1,216	4
621		Plx9	0.251176	213	144	1,453	0.84	1,216	4
622	Post-Partum Diagnosis		0.316995	811	436	1,749	0.72	1,259	7
622		Plx9	0.297057	811	436	1,749	0.72	1,259	7
623	Antepartum Diagnosis With Complicating Diagnosis		0.346401	1,340	653	1,836	0.73	1,336	10
623		Plx9	0.324171	1,340	653	1,836	0.73	1,336	10
624	Antepartum Diagnosis		0.254838	2,219	998	1,353	0.62	840	4
624		Plx9	0.237411	2,219	998	1,353	0.62	840	4
625	PWS - Neonates Weight < 750 Grams		1.862454	143	61	11,438	1.42	16,285	27
625		Plx9	1.790481	143	61	11,438	1.42	16,285	27
626	PWS - Neonates Weight 750-999 Grams		12.934781	127	117	75,776	0.88	66,352	155
626		Plx9	12.397321	127	117	75,776	0.88	66,352	155
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		10.218526	8	8	53,882	0.46	24,562	119
627		Plx9	9.800974	8	8	53,882	0.46	24,562	119
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		6.173094	384	343	34,909	0.78	27,357	92
628		Plx9	5.879859	384	343	34,909	0.78	27,357	92
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		3.303453	6	5	17,213	0.81	13,893	62
630		Plx9	3.126652	6	5	17,213	0.81	13,893	62

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		3.719905	215	186	21,359	0.73	15,589	67
631		Plx9	3.524943	215	186	21,359	0.73	15,589	67
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		2.361254	582	482	12,876	0.74	9,516	48
632		Plx9	2.204919	582	482	12,876	0.74	9,516	48
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		3.172265	7	7	19,083	1.50	28,660	28
636		Plx9	3.026974	7	7	19,083	1.50	28,660	28
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		2.93215	237	199	17,516	1.19	20,862	43
637		Plx9	2.77101	237	199	17,516	1.19	20,862	43
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		1.886323	315	253	10,659	1.09	11,662	31
638		Plx9	1.76616	315	253	10,659	1.09	11,662	31
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		0.812401	1,172	875	4,405	0.95	4,202	18
639		Plx9	0.755812	1,172	875	4,405	0.95	4,202	18
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		0.19844	311	216	1,052	0.53	560	4
640		Plx9	0.184031	311	216	1,052	0.53	560	4
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		4.184923	53	43	24,878	1.34	33,248	29
643		Plx9	3.984165	53	43	24,878	1.34	33,248	29
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		1.607567	906	662	9,585	1.28	12,287	20
644		Plx9	1.51786	906	662	9,585	1.28	12,287	20
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		0.630693	1,970	1340	3,600	1.26	4,536	11
645		Plx9	0.590694	1,970	1340	3,600	1.26	4,536	11
646	Neonates Weight > 2500 gm With Caesarian Delivery		0.256137	7,527	4368	1,354	0.32	432	3
646		Plx9	0.236631	7,527	4368	1,354	0.32	432	3
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		0.301648	3,252	1988	1,690	0.96	1,615	7
647		Plx9	0.281242	3,252	1988	1,690	0.96	1,615	7
648	Neonates Weight > 2500 gm (Normal Newborn)		0.139892	25,619	16437	740	0.57	424	4
648		Plx9	0.12915	25,619	16437	740	0.57	424	4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		13.721339	140	126	81,880	0.57	46,797	124
650		Plx1	3.623391	4	3	23,435	0.30	6,918	30
650		Plx2	6.729355	6	6	40,170	0.56	22,527	71

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
650		Plx3	7.586879	12	8	49,766	0.55	27,465	98
650		Plx4	14.212711	118	108	88,427	0.53	46,530	127
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		7.867865	5	5	45,966	0.67	30,871	63
651		Plx9	7.535734	5	5	45,966	0.67	30,871	63
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		10.532722	6	6	58,356	0.43	25,239	69
652		Plx9	10.103737	6	6	58,356	0.43	25,239	69
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		8.024533	17	16	49,111	0.82	40,151	107
653		Plx9	7.69128	17	16	49,111	0.82	40,151	107
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		5.328743	5	4	33,304	0.25	8,216	28
654		Plx9	5.100168	5	4	33,304	0.25	8,216	28
655	PWS - Spinal Procedures With Femur Procedures For Trauma		5.75567	7	6	34,129	0.68	23,120	52
655		Plx9	5.491503	7	6	34,129	0.68	23,120	52
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		8.717252	1	1	44,617	0.00	0	41
656		Plx9	8.355355	1	1	44,617	0.00	0	41
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.399359	27	25	25,935	0.75	19,443	54
657		Plx9	4.217552	27	25	25,935	0.75	19,443	54
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.27584	83	75	25,720	0.82	21,121	45
658		Plx9	4.086612	83	75	25,720	0.82	21,121	45
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		6.962613	15	13	44,780	0.87	38,899	111
659		Plx9	6.683703	15	13	44,780	0.87	38,899	111
660	PWS - Intracranial Procedures For Trauma		2.317053	150	139	14,196	0.89	12,566	24
660		Plx1	1.227726	79	70	7,821	0.56	4,370	12
660		Plx2	1.862231	27	25	12,119	0.56	6,817	26
660		Plx3	1.710365	8	7	11,080	0.36	3,953	31
660		Plx4	4.970692	36	33	31,701	0.60	19,156	39
661	PWS - Spinal Procedures For Trauma		3.020054	138	127	18,622	0.82	15,293	36
661		Plx1	1.676463	69	63	10,889	0.56	6,081	14
661		Plx2	2.845272	38	36	17,564	0.54	9,401	29
661		Plx3	4.656528	12	12	31,856	0.43	13,831	53

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
661		Plx4	9.366203	19	19	60,792	0.58	34,994	108
662	Femur Or Pelvic Procedures For Trauma		1.68597	1,692	1103	9,760	0.59	5,750	35
662		Plx1	1.260254	1,134	735	7,802	0.45	3,478	23
662		Plx2	1.937001	301	203	11,930	0.53	6,343	45
662		Plx3	2.582031	136	90	15,468	0.61	9,385	74
662		Plx4	3.651154	121	77	22,413	0.58	12,889	98
663	Thoraco-Abdominal Procedures For Trauma		1.967499	198	146	11,966	0.76	9,085	25
663		Plx1	1.193387	103	72	7,573	0.49	3,710	14
663		Plx2	1.914908	38	28	12,232	0.56	6,858	24
663		Plx3	2.28103	28	24	14,145	0.75	10,544	38
663		Plx4	5.0565	29	24	31,777	0.67	21,222	49
664	Wound Debridement And Skin Graft For Trauma		2.203959	326	267	13,071	0.87	11,346	36
664		Plx1	1.430609	249	197	8,884	0.71	6,268	23
664		Plx2	3.381857	30	29	20,827	0.64	13,307	52
664		Plx3	4.298105	20	20	26,249	0.60	15,688	86
664		Plx4	6.464726	27	25	41,328	0.62	25,653	74
665	PWS - Elevated Skull Fractures		1.313393	19	18	7,919	0.61	4,802	13
665		Plx1	1.274199	16	15	8,141	0.64	5,177	14
665		Plx2	1.168891	3	3	6,808	0.36	2,485	8
665		Plx3							
665		Plx4							
666	Major Lower Extremity Procedures For Trauma		0.703792	3,368	1994	4,091	0.51	2,072	8
666		Plx1	0.640245	3,140	1915	3,956	0.47	1,871	8
666		Plx2	1.749109	133	101	10,897	0.59	6,444	23
666		Plx3	2.317525	54	40	14,961	0.65	9,770	35
666		Plx4	4.649749	41	38	29,737	0.72	21,373	66
667	Minor Lower Extremity Procedures For Trauma		0.747124	88	71	4,378	0.75	3,291	10
667		Plx1	0.602467	84	67	3,763	0.47	1,771	7
667		Plx2	2.607516	3	3	16,456	0.34	5,633	9
667		Plx3							

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
667		Plx4	4.4261	1	1	30,718	0.00	0	15
668	Miscellaneous Musculoskeletal Procedures For Trauma		0.796993	506	402	4,648	0.52	2,408	8
668		Plx1	0.734693	458	370	4,521	0.50	2,263	8
668		Plx2	1.162783	35	33	7,107	0.72	5,120	15
668		Plx3	2.594867	5	5	17,050	0.56	9,528	35
668		Plx4	5.372371	8	6	35,899	0.39	14,056	49
669	Vascular Repair For Trauma		0.934839	86	59	5,577	0.58	3,249	10
669		Plx1	0.720092	77	50	4,519	0.40	1,822	7
669		Plx2	1.990249	5	5	13,205	0.19	2,541	18
669		Plx3	2.302294	3	3	14,425	0.38	5,458	13
669		Plx4	1.263727	1	1	6,748	0.00	0	4
670	Upper Extremity Procedures For Trauma		0.48027	2,376	1605	2,818	0.54	1,509	4
670		Plx1	0.444415	2,284	1584	2,784	0.53	1,465	4
670		Plx2	1.377947	68	53	8,731	0.60	5,227	24
670		Plx3	2.555584	16	9	16,155	0.60	9,634	27
670		Plx4	4.894914	8	7	30,337	0.60	18,281	129
674	PWS - Intracranial Injuries With Spinal Injuries		2.113661	37	31	13,712	0.94	12,876	32
674		Plx9	2.004977	37	31	13,712	0.94	12,876	32
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		1.286986	12	10	7,950	0.79	6,258	25
675		Plx9	1.230398	12	10	7,950	0.79	6,258	25
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		2.881173	36	31	17,784	0.79	13,964	42
676		Plx9	2.738245	36	31	17,784	0.79	13,964	42
677	Spinal Injuries With Fractures Of Femur		1.216948	73	57	7,303	0.70	5,126	33
677		Plx9	1.159257	73	57	7,303	0.70	5,126	33
678	Spinal Injuries With Thoraco-Abdominal Injuries		1.271273	95	68	7,775	0.82	6,397	25
678		Plx9	1.212392	95	68	7,775	0.82	6,397	25
679	Fractures Of Femur With Thoraco-Abdominal Injuries		1.443771	45	30	8,505	0.64	5,472	32
679		Plx9	1.373484	45	30	8,505	0.64	5,472	32
680	Femur Or Pelvic Fractures And Dislocations		1.100732	751	357	6,045	0.94	5,697	41

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
680		Plx1	0.778817	605	265	4,587	0.94	4,290	34
680		Plx2	1.88691	85	53	11,324	0.65	7,321	72
680		Plx3	1.421731	35	19	8,363	0.59	4,931	44
680		Plx4	1.495708	26	16	9,275	1.17	10,849	102
681	Frostbite		1.372174	33	19	8,290	0.56	4,659	45
681		Plx1	1.333065	29	18	8,531	0.55	4,670	39
681		Plx2	0.740803	3	1	3,956	0.00	0	29
681		Plx3	9.175904	1	1	63,683	0.00	0	109
681		Plx4							
682	Spinal Injuries		0.778825	661	360	4,638	1.04	4,836	26
682		Plx1	0.613212	505	275	3,834	0.82	3,159	20
682		Plx2	0.695534	119	62	4,346	0.62	2,682	25
682		Plx3	2.191812	21	13	13,476	0.73	9,819	66
682		Plx4	3.979019	16	14	24,689	0.59	14,642	103
683	Intracranial Injuries		0.873752	386	288	5,361	1.17	6,289	17
683		Plx1	0.591801	270	200	3,820	0.94	3,583	13
683		Plx2	0.789516	31	20	5,088	0.93	4,728	26
683		Plx3	1.164715	47	42	7,526	0.76	5,716	24
683		Plx4	3.361791	38	33	21,062	0.83	17,376	72
684	Fracture Of Humerus		0.918492	257	93	4,536	1.05	4,746	44
684		Plx1	0.610101	211	72	3,225	1.00	3,228	31
684		Plx2	2.254081	24	13	12,427	0.94	11,737	126
684		Plx3	1.728918	17	7	10,545	0.91	9,643	54
684		Plx4	8.010439	5	2	46,396	0.61	28,424	122
685	Hip And Thigh Injuries		0.946457	168	39	5,469	0.88	4,827	26
685		Plx1	0.63343	153	31	3,689	0.72	2,672	23
685		Plx2	2.302205	7	4	14,800	0.71	10,457	49
685		Plx3	1.771578	5	2	11,173	0.47	5,209	61
685		Plx4	2.141343	3	2	14,023	0.38	5,304	35
686	Major Nerve Injuries		1.348281	6	4	8,423	0.72	6,055	25

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
686		Plx1	0.91554	4	2	5,877	1.02	6,014	16
686		Plx2	1.009333	1	1	6,078	0.00	0	7
686		Plx3	2.285487	1	1	15,862	0.00	0	25
686		Plx4							
687	Thoraco-Abdominal Injuries		0.764788	874	515	4,624	0.82	3,797	17
687		Plx1	0.615178	714	421	3,978	0.72	2,850	14
687		Plx2	1.01133	90	53	6,048	0.85	5,157	27
687		Plx3	1.321438	38	23	8,457	0.80	6,758	29
687		Plx4	2.765191	32	26	17,102	0.58	9,967	41
688	Weight Bearing Injuries		0.420615	678	309	2,411	0.88	2,119	13
688		Plx1	0.346718	619	283	2,142	0.89	1,904	10
688		Plx2	1.449759	32	23	8,441	0.72	6,083	59
688		Plx3	1.957982	17	11	11,931	0.70	8,320	64
688		Plx4	2.842369	10	5	15,832	0.67	10,656	121
689	Genito-Urinary Injuries		0.52789	104	59	3,343	1.07	3,575	13
689		Plx1	0.370242	84	47	2,436	0.85	2,080	10
689		Plx2	0.816773	13	8	5,567	0.96	5,337	21
689		Plx3	0.631144	5	2	4,547	0.50	2,285	12
689		Plx4	4.91494	2	2	33,334	0.72	24,142	22
690	Crushing Injuries And Contusions		0.399125	372	91	2,398	0.82	1,955	10
690		Plx1	0.295669	332	79	1,909	0.69	1,322	7
690		Plx2	1.107093	30	9	6,600	0.46	3,042	31
690		Plx3	1.617067	8	3	9,070	0.61	5,495	46
690		Plx4	2.36227	2					299
691	Minor Lower Extremity Fractures		0.393393	42	28	2,295	0.68	1,567	7
691		Plx1	0.356508	40	27	2,189	0.68	1,491	7
691		Plx2	0.356522	1					9
691		Plx3	0.596976	1	1	5,158	0.00	0	5
691		Plx4							
692	Wounds		0.430414	972	510	2,478	0.72	1,776	7

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
692		Plx1	0.394913	929	493	2,419	0.70	1,698	7
692		Plx2	0.993627	23	14	6,022	0.63	3,793	23
692		Plx3	0.731679	13	8	4,407	0.65	2,857	12
692		Plx4	2.660193	7	3	15,446	0.92	14,208	53
693	Amputations Or Vascular And Other Nerve Injuries		0.468796	132	66	2,764	0.60	1,658	4
693		Plx1	0.446863	125	64	2,777	0.60	1,679	4
693		Plx2	0.647849	6	3	4,496	0.84	3,773	9
693		Plx3							
693		Plx4	1.072526	1	1	6,802	0.00	0	7
694	Facial Injuries		0.455196	282	177	2,664	0.74	1,981	7
694		Plx1	0.40349	266	164	2,522	0.70	1,755	6
694		Plx2	0.841088	11	9	5,495	0.63	3,464	20
694		Plx3	0.406422	4	4	2,648	0.44	1,178	8
694		Plx4	2.0154	1	1	10,762	0.00	0	9
695	Other Cranial Injuries		0.360413	996	273	2,316	1.71	3,972	4
695		Plx1	0.281164	882	233	1,889	0.77	1,462	4
695		Plx2	1.138937	43	24	7,172	1.10	7,867	20
695		Plx3	0.771151	45	31	5,179	1.10	5,675	15
695		Plx4	2.802114	26	22	18,810	0.72	13,524	39
696	Upper Extremity Fractures		0.302841	866	273	1,776	0.64	1,130	4
696		Plx1	0.279357	810	264	1,759	0.64	1,126	4
696		Plx2	0.985228	38	20	6,031	0.88	5,335	41
696		Plx3	1.586609	11	6	9,947	0.70	6,965	39
696		Plx4	2.295667	7	5	14,842	0.58	8,664	46
700	PWS - Bone Marrow Transplant		7.255695	208	154	50,018	0.56	28,163	74
700		Plx1	4.083707	21	13	28,342	0.77	21,783	75
700		Plx2	4.327563	18	12	30,709	0.46	14,216	45
700		Plx3	6.587467	34	25	47,059	0.37	17,499	62
700		Plx4	7.674924	135	104	55,785	0.54	30,062	83
701	Splenectomy		1.361154	79	64	8,293	0.50	4,141	22

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWMV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
701		Plx1	1.084275	52	44	6,996	0.39	2,700	17
701		Plx2	1.193277	11	9	7,948	0.28	2,212	20
701		Plx3	1.723214	9	7	11,328	0.51	5,821	13
701		Plx4	6.939263	7	7	43,696	0.77	33,775	93
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		1.199282	134	103	7,792	1.16	9,048	25
703		Plx1	0.740251	96	80	5,104	0.74	3,799	13
703		Plx2	1.640877	14	13	10,406	0.63	6,508	25
703		Plx3	2.86502	4	3	24,754	0.55	13,624	37
703		Plx4	5.497351	20	10	40,044	0.68	27,261	81
704	Red Blood Cell Disorders		0.801868	1,226	461	4,564	0.92	4,217	20
704		Plx1	0.606949	816	283	3,738	0.90	3,370	16
704		Plx2	0.809256	242	102	4,642	0.89	4,152	26
704		Plx3	1.205701	113	57	7,459	0.86	6,420	25
704		Plx4	2.285366	55	35	14,247	0.84	11,962	60
709	Coagulation Disorders		0.600789	376	199	3,692	1.20	4,413	14
709		Plx1	0.400791	275	147	2,636	0.74	1,946	13
709		Plx2	0.691261	49	28	4,587	0.92	4,222	24
709		Plx3	1.026624	33	21	6,788	0.66	4,506	31
709		Plx4	3.10957	19	15	19,286	0.59	11,313	57
710	Reticuloendothelial And Immunity Disorders		0.800015	709	378	5,235	0.95	4,982	17
710		Plx1	0.538607	313	170	3,554	0.82	2,920	14
710		Plx2	0.729134	69	45	4,988	1.15	5,752	20
710		Plx3	0.785579	203	113	5,777	0.68	3,943	12
710		Plx4	1.457357	124	49	10,332	0.87	8,939	27
725	Major Leukemia And Lymphoma Procedures		1.414202	210	140	8,603	0.74	6,346	28
725		Plx1	1.029794	146	107	6,564	0.51	3,368	16
725		Plx2	2.347179	19	10	15,202	0.64	9,767	31
725		Plx3	2.265002	19	15	14,188	0.61	8,712	43
725		Plx4	8.870088	26	22	62,052	1.08	67,132	127
726	Acute Leukemia Without Major Procedures		3.237373	281	208	20,289	0.97	19,602	65

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
726		Plx1	1.382467	119	78	9,214	0.85	7,856	28
726		Plx2	2.599351	36	25	16,831	0.86	14,498	38
726		Plx3	2.913118	28	22	18,674	0.95	17,810	78
726		Plx4	4.767637	98	83	32,355	0.70	22,532	77
728	Lymphoma And Chronic Leukemia With Other Procedures		1.796443	287	201	10,739	1.46	15,667	44
728		Plx1	0.902703	195	134	5,702	0.75	4,303	23
728		Plx2	1.791172	35	21	11,872	0.75	8,849	49
728		Plx3	1.598116	19	13	9,659	0.38	3,650	33
728		Plx4	6.909038	38	31	45,540	0.96	43,844	106
730	Lymphoma And Chronic Leukemia		1.854949	849	407	11,185	1.03	11,543	48
730		Plx1	1.013895	417	150	6,358	0.93	5,928	29
730		Plx2	1.282308	164	86	7,688	0.83	6,401	31
730		Plx3	1.80692	108	54	11,286	0.88	9,877	55
730		Plx4	3.022566	160	113	20,187	0.79	15,985	67
733	Major Ill-Defined Neoplasm Procedures		2.074954	87	66	13,234	0.73	9,665	39
733		Plx1	1.416269	51	40	9,393	0.56	5,289	23
733		Plx2	2.330275	12	10	14,625	0.46	6,686	26
733		Plx3	2.128177	8	5	14,568	0.26	3,772	45
733		Plx4	5.131746	16	15	34,183	0.47	16,125	112
734	Ill-Defined Neoplasm With Other Procedures		1.231627	108	74	7,736	0.90	6,960	26
734		Plx1	0.788916	77	57	5,117	0.54	2,773	11
734		Plx2	2.035409	13	7	13,820	0.42	5,779	42
734		Plx3	2.908172	12	7	20,476	0.65	13,216	61
734		Plx4	7.634534	6	6	49,040	1.03	50,516	107
735	PWS - Radiation Therapy		0.700962	209	167	4,692	0.91	4,278	25
735		Plx1	0.52988	154	140	3,675	0.77	2,842	19
735		Plx2	1.030224	33	15	7,150	0.43	3,101	21
735		Plx3	2.042901	9	5	14,178	0.54	7,657	41
735		Plx4	2.97627	13	11	20,656	0.58	12,078	86
736	Chemotherapy		0.668247	974	709	4,520	0.61	2,747	11

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 CMG RWRV	2002/2003 Activity	2002/2003 Costed Cases	2002/2003 Average Cost	2002/2003 Coefficient of Variation	2002/2003 Standard Deviation	2002/2003 Trim Point
736		Plx1	0.600258	861	667	4,319	0.59	2,528	11
736		Plx2	1.04627	28	12	7,680	0.64	4,881	17
736		Plx3	1.427761	48	29	9,918	0.52	5,167	35
736		Plx4	2.929363	37	28	20,615	0.61	12,524	71
737	Other Poorly Differentiated Neoplastic Diagnoses		1.310026	156	82	7,580	0.77	5,860	33
737		Plx1	0.740916	79	30	4,496	0.66	2,969	21
737		Plx2	0.966598	37	22	5,974	0.54	3,201	22
737		Plx3	1.471968	22	15	9,169	0.66	6,039	51
737		Plx4	2.444095	18	15	15,835	0.55	8,731	56
750	Multisystemic Or Unspecified Site Infections With Surgery		3.60647	547	370	21,051	1.13	23,871	60
750		Plx1	1.357594	222	154	8,375	0.71	5,964	28
750		Plx2	2.65434	62	48	16,236	0.83	13,521	56
750		Plx3	2.65921	60	42	15,840	0.68	10,822	56
750		Plx4	7.783877	203	137	47,905	0.83	39,798	102
751	Septicemia		1.491484	834	430	8,390	1.21	10,142	29
751		Plx1	0.806815	364	163	4,598	0.87	4,018	20
751		Plx2	1.089563	149	62	6,539	0.75	4,877	28
751		Plx3	1.28281	129	78	7,863	0.89	6,998	28
751		Plx4	2.93613	192	136	18,040	1.22	21,990	53
756	Post-Operative And Post-Traumatic Infections		0.590928	687	315	3,325	0.74	2,472	15
756		Plx1	0.535489	571	271	3,245	0.78	2,518	17
756		Plx2	0.691578	63	31	4,123	0.65	2,663	22
756		Plx3	0.685951	35	14	4,025	0.68	2,722	27
756		Plx4	2.644821	18	10	16,166	0.49	7,880	60
757	Viral Illness		0.453793	679	199	2,768	0.88	2,441	10
757		Plx1	0.356043	588	144	2,363	0.94	2,229	7
757		Plx2	0.525531	40	22	3,362	0.66	2,225	11
757		Plx3	0.405684	38	20	2,985	0.75	2,237	8
757		Plx4	1.355938	13	8	9,824	0.63	6,235	26
761	Fever Of Unknown Origin		0.445455	536	226	2,694	0.81	2,192	10

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWIV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
761		Plx1	0.369836	435	174	2,395	0.87	2,087	10
761		Plx2	0.559399	66	42	3,678	0.68	2,503	11
761		Plx3	0.664514	25	12	4,442	0.40	1,758	14
761		Plx4	3.255286	10	7	22,213	0.67	14,883	52
763	Other Infectious Diagnoses		0.937887	184	91	5,733	0.91	5,220	23
763		Plx1	0.656129	130	59	4,308	0.80	3,430	17
763		Plx2	0.966222	24	11	5,795	0.78	4,538	24
763		Plx3	1.357389	20	14	8,721	0.89	7,763	36
763		Plx4	1.372923	10	6	9,745	0.32	3,153	33
764	Depressive Mood Disorders With ECT		3.221216	480	358	17,107	0.64	10,895	101
764		Plx9	2.979872	480	358	17,107	0.64	10,895	101
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		2.442936	663	306	13,925	0.72	10,028	84
765		Plx9	2.272867	663	306	13,925	0.72	10,028	84
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		1.673544	2,527	892	9,298	0.74	6,839	68
766		Plx9	1.552279	2,527	892	9,298	0.74	6,839	68
767	Depressive Mood Disorders LOS < 6 Days		0.333431	1,300	264	1,905	0.70	1,334	8
767		Plx9	0.30552	1,300	264	1,905	0.70	1,334	8
768	Bipolar Mood Disorders, Manic With ECT		3.397393	47	35	18,125	0.56	10,159	83
768		Plx9	3.14099	47	35	18,125	0.56	10,159	83
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		2.770786	158	96	15,393	0.66	10,121	83
769		Plx9	2.584457	158	96	15,393	0.66	10,121	83
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		1.903122	1,101	515	10,384	0.76	7,936	82
770		Plx9	1.7687	1,101	515	10,384	0.76	7,936	82
771	Bipolar Mood Disorders LOS < 6 Days		0.368072	259	104	2,047	0.65	1,332	8
771		Plx9	0.340499	259	104	2,047	0.65	1,332	8
772	Dementia With Or Without Delirium With Axis III Diagnosis		4.613591	716	357	24,715	0.73	18,037	149
772		Plx9	4.262587	716	357	24,715	0.73	18,037	149
773	Dementia With Or Without Delirium Without Axis III Diagnosis		3.428548	818	254	18,228	0.85	15,455	181
773		Plx9	3.129364	818	254	18,228	0.85	15,455	181

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
774	Organic Mental Disorders Induced By Drugs		0.979472	593	253	5,428	1.02	5,517	41
774		Plx9	0.921929	593	253	5,428	1.02	5,517	41
775	Schizophrenia And Other Psychotic Disorders With ECT		4.278251	53	44	23,406	0.76	17,744	134
775		Plx9	4.000617	53	44	23,406	0.76	17,744	134
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		2.928868	384	229	16,506	0.80	13,189	103
776		Plx9	2.755047	384	229	16,506	0.80	13,189	103
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		2.159455	2,563	1160	12,212	0.82	10,050	104
777		Plx9	2.017585	2,563	1160	12,212	0.82	10,050	104
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		0.362841	591	243	2,040	0.70	1,435	8
778		Plx9	0.338617	591	243	2,040	0.70	1,435	8
779	Dissociative Disorders		0.848113	130	66	5,127	0.95	4,871	28
779		Plx9	0.792827	130	66	5,127	0.95	4,871	28
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		1.07925	295	139	5,820	0.97	5,621	30
780		Plx9	1.008226	295	139	5,820	0.97	5,621	30
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		0.557634	454	136	3,048	0.79	2,418	20
781		Plx9	0.518648	454	136	3,048	0.79	2,418	20
783	Psychoactive Substance Dependence		0.925347	950	283	5,224	1.40	7,304	32
783		Plx9	0.855063	950	283	5,224	1.40	7,304	32
784	Psychoactive Substance Abuse		0.519319	956	256	2,779	0.88	2,456	16
784		Plx9	0.475625	956	256	2,779	0.88	2,456	16
785	Developmental Delay		2.52954	86	43	14,644	0.82	12,033	119
785		Plx9	2.349246	86	43	14,644	0.82	12,033	119
786	Disruptive Behaviour Disorders		1.764092	406	244	10,741	0.98	10,550	68
786		Plx9	1.64489	406	244	10,741	0.98	10,550	68
787	Eating Disorders		2.502623	161	110	15,616	0.83	12,977	89
787		Plx9	2.359933	161	110	15,616	0.83	12,977	89
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		2.288373	253	159	12,603	1.02	12,853	108
788		Plx9	2.155631	253	159	12,603	1.02	12,853	108
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		1.547307	257	112	8,662	0.99	8,547	99

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
789		Plx9	1.441432	257	112	8,662	0.99	8,547	99
790	Somatoform Disorders		0.734312	82	21	4,268	0.74	3,142	20
790		Plx9	0.690543	82	21	4,268	0.74	3,142	20
791	Anxiety Disorders (MNRH)		1.131397	676	169	6,492	1.02	6,598	37
791		Plx9	1.049838	676	169	6,492	1.02	6,598	37
792	Adjustment Disorders (MNRH)		0.468321	2,223	1256	2,618	0.69	1,815	17
792		Plx9	0.431497	2,223	1256	2,619	0.69	1,815	17
793	Personality Disorders With Axis III Diagnosis (MNRH)		1.212397	71	26	6,581	0.94	6,217	32
793		Plx9	1.148316	71	26	6,581	0.94	6,217	32
794	Personality Disorders Without Axis III Diagnosis (MNRH)		0.503249	519	199	2,720	0.83	2,261	17
794		Plx9	0.464823	519	199	2,720	0.83	2,261	17
795	Sexual Dysfunction And Sexual Disorders (MNRH)		1.896663	56	18	10,175	1.12	11,371	311
795		Plx9	1.763085	56	18	10,175	1.12	11,371	311
796	Specific Developmental Disorders (MNRH)		2.103938	6	5	12,727	0.72	9,173	61
796		Plx9	1.977204	6	5	12,727	0.72	9,173	61
797	Miscellaneous Psychiatric Diagnoses (MNRH)		1.506953	154	67	8,496	0.88	7,442	80
797		Plx9	1.38074	154	67	8,496	0.88	7,442	80
803	Extensive Procedures For Injury Or Complication Of Treatment		2.658282	549	408	14,955	0.87	12,980	46
803		Plx1	1.671541	294	219	9,993	0.60	6,013	25
803		Plx2	2.060179	88	69	12,406	0.57	7,014	36
803		Plx3	2.954937	61	45	18,039	0.46	8,317	54
803		Plx4	6.553107	106	73	39,356	0.82	32,383	115
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		0.972699	897	637	5,716	1.09	6,225	19
804		Plx1	0.666342	676	500	4,114	0.84	3,448	13
804		Plx2	1.588505	83	56	9,840	0.86	8,449	37
804		Plx3	2.024724	61	45	12,614	0.84	10,623	38
804		Plx4	5.165813	77	66	32,945	0.90	29,779	82
805	MNRH Procedures For Injury Or Complication Of Treatment		0.618105	221	146	3,532	0.67	2,379	13
805		Plx1	0.505126	191	122	3,067	0.62	1,900	11

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 CMG+ RWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
805		Plx2	0.792242	14	10	4,831	0.47	2,253	14
805		Plx3	1.068672	8	7	6,703	1.11	7,429	17
805		Plx4	3.26153	8	6	19,683	0.80	15,667	53
811	Allergic Reaction		0.388724	148	48	2,302	1.10	2,522	7
811		Plx1	0.217267	135	36	1,328	0.79	1,048	4
811		Plx2	1.124414	4	1	7,804	0.00	0	14
811		Plx3	0.712001	4	4	4,676	1.02	4,774	14
811		Plx4	1.109794	5	4	7,287	0.60	4,370	11
813	Drug Reactions		0.415909	2,139	688	2,240	1.05	2,349	7
813		Plx1	0.323151	1,876	583	1,850	0.89	1,646	7
813		Plx2	0.770355	105	52	4,616	0.81	3,743	22
813		Plx3	0.875384	101	65	5,210	0.78	4,060	20
813		Plx4	2.395942	57	48	15,089	0.72	10,892	33
818	Complications Of Treatment		0.560253	1,498	927	3,273	1.04	3,405	16
818		Plx1	0.417412	1,184	729	2,563	0.89	2,283	13
818		Plx2	0.753029	168	98	4,816	0.89	4,277	20
818		Plx3	1.078054	93	61	6,826	0.89	6,104	27
818		Plx4	1.65663	53	42	11,007	0.97	10,715	50
823	Minor Injuries And Trauma Diagnosis		0.462604	479	140	2,947	1.57	4,614	10
823		Plx1	0.30603	427	117	2,026	0.93	1,878	7
823		Plx2	0.900125	22	8	5,381	0.59	3,200	29
823		Plx3	0.548666	19	9	3,360	0.91	3,048	23
823		Plx4	3.023331	11	8	21,804	0.67	14,605	26
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		15.225613	24	22	96,156	0.96	92,729	196
830		Plx1	6.676446	9	9	43,815	0.49	21,612	95
830		Plx2	5.653495	3	3	35,856	0.23	8,177	20
830		Plx3	6.676247	1					43
830		Plx4	28.98313	11	11	189,854	0.72	137,108	283
831	Extensive Burns Without Burn Procedures		1.850974	16	7	12,519	0.77	9,606	28
831		Plx1	1.438419	15	6	9,539	0.63	6,009	26

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
831		Plx2							
831		Plx3	3.518796	1	1	30,403	0.00	0	18
831		Plx4							
832	PWS - Non-Extensive Burns With Skin Graft		2.819894	133	117	17,339	0.89	15,428	42
832		Plx1	2.036642	105	94	13,183	0.76	10,042	38
832		Plx2	3.62412	8	7	23,247	0.42	9,867	47
832		Plx3	4.262441	10	9	28,680	0.61	17,586	53
832		Plx4	8.736529	10	9	55,942	0.43	24,067	104
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		1.408714	1	1	9,436	0.00	0	9
833		Plx1	1.359622	1	1	9,436	0.00	0	9
833		Plx2							
833		Plx3							
833		Plx4							
834	Non-Extensive Burns Without Burn Procedures		0.884059	197	89	5,528	1.15	6,364	22
834		Plx1	0.672884	180	80	4,499	0.79	3,539	19
834		Plx2	1.910638	5	4	11,914	1.00	11,926	34
834		Plx3	2.666766	7	2	18,123	0.78	14,082	45
834		Plx4	2.999189	5	3	18,928	1.27	24,071	21
840	Other Admissions With Surgery		5.649515	558	353	35,055	1.21	42,330	197
840		Plx1	1.497559	271	184	9,337	1.19	11,147	77
840		Plx2	5.034924	100	40	32,432	0.71	23,158	121
840		Plx3	6.612772	63	31	43,474	0.65	28,099	190
840		Plx4	13.534575	124	96	91,217	0.64	58,739	270
841	Rehabilitation		3.661024	4,888	1777	21,949	0.66	14,587	111
841		Plx1	2.711583	3,376	988	18,059	0.63	11,387	91
841		Plx2	3.818037	695	372	25,229	0.64	16,220	128
841		Plx3	4.053317	486	226	26,750	0.62	16,705	140
841		Plx4	4.91928	331	194	32,902	0.68	22,321	178
842	Signs And Symptoms		0.847577	967	261	4,749	0.88	4,169	26
842		Plx1	0.587984	724	174	3,556	0.86	3,061	20

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
842		Plx2	1.08125	151	51	6,261	0.74	4,611	43
842		Plx3	1.590792	63	30	9,731	0.71	6,904	65
842		Plx4	2.653362	29	16	16,564	0.84	13,965	64
846	Aftercare Following Surgery Or Treatment		0.284143	2,666	1542	1,606	1.09	1,757	22
846		Plx1	0.246131	2,365	1495	1,496	0.88	1,316	10
846		Plx2	0.588908	154	30	3,992	1.43	5,700	169
846		Plx3	0.521071	78	8	3,215	0.80	2,565	163
846		Plx4	0.846094	69	1	5,366	0.00	0	256
847	Other Specified Aftercare		2.25402	2,283	544	10,942	1.08	11,822	70
847		Plx1	2.042134	1,737	458	10,526	1.10	11,606	66
847		Plx2	1.428302	297	45	8,146	0.86	6,967	58
847		Plx3	2.646158	159	17	14,832	0.92	13,640	94
847		Plx4	3.572522	90	23	21,736	0.75	16,312	105
849	Multiple Or Unspecified Congenital Anomalies		2.198088	12	10	14,491	1.35	19,524	43
849		Plx1	1.67432	9	7	10,696	1.98	21,203	25
849		Plx2							
849		Plx3	1.932715	2	1	11,139	0.00	0	15
849		Plx4	2.329621	1	1	20,128	0.00	0	18
850	Perinatal Conditions Age > 28 Days		3.620743	143	96	19,850	0.91	17,992	66
850		Plx1	2.7733	86	57	16,061	1.09	17,486	72
850		Plx2	3.759914	10	7	22,622	0.55	12,480	55
850		Plx3	4.115693	37	26	25,293	0.72	18,164	65
850		Plx4	4.23034	10	6	26,849	0.44	11,909	42
851	Other Factors Causing Hospitalization		0.593739	4,898	510	2,801	1.27	3,548	38
851		Plx1	0.497122	4,101	473	2,599	1.24	3,220	32
851		Plx2	1.004189	435	25	5,690	1.22	6,959	62
851		Plx3	0.811298	253	9	3,472	0.99	3,422	76
851		Plx4	2.581382	109	3	10,995	0.41	4,463	126
852	Procedures Cancelled (MNRH)		0.074561	1,052	478	440	1.20	527	1
852		Plx1	0.0688	1,017	459	428	1.19	511	1

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
852		Plx2	0.085707	21	12	535	0.62	333	1
852		Plx3	0.137289	14	7	1,017	1.22	1,238	1
852		Plx4							
860	Respiratory Tract Disorders With HIV		1.303783	52	47	7,027	1.11	7,799	29
860		Plx9	1.229602	52	47	7,027	1.11	7,799	29
861	CNS Infection With HIV		0.964227	2	2	5,831	0.04	228	10
861		Plx9	0.91936	2	2	5,831	0.04	228	10
862	GI And Hepatobiliary Disorders With HIV		0.56163	15	10	3,258	0.54	1,745	13
862		Plx9	0.527913	15	10	3,258	0.54	1,745	13
863	Ophthalmic Disorders With HIV		19.696187	3	3	101,207	1.68	169,820	125
863		Plx9	18.878378	3	3	101,207	1.68	169,820	125
864	Blood Infections With HIV		0.823218	5	4	4,789	1.36	6,510	35
864		Plx9	0.783191	5	4	4,789	1.36	6,510	35
865	Lymphoma With HIV		6.659821	5	3	41,790	0.34	14,174	93
865		Plx9	6.377157	5	3	41,790	0.34	14,174	93
866	Psychosocial Conditions With HIV		1.913439	3	3	10,500	0.79	8,251	25
866		Plx9	1.832235	3	3	10,500	0.79	8,251	25
867	Other Conditions Associated With HIV		1.778481	4	4	10,576	1.12	11,894	27
867		Plx9	1.692622	4	4	10,576	1.12	11,894	27
868	Miscellaneous Conditions With HIV		1.346745	20	18	8,076	1.11	8,966	42
868		Plx9	1.286601	20	18	8,076	1.11	8,966	42
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		4.072424	36	30	21,381	0.67	14,257	87
880		Plx1	2.677275	13	13	14,467	0.66	9,478	34
880		Plx2	5.434859	6	4	30,836	0.70	21,496	93
880		Plx3	2.363613	6	5	12,892	0.35	4,508	35
880		Plx4	7.171553	11	8	42,806	0.72	30,998	182
881	Amputation Of Lower Limb Except Toe		2.751062	288	196	15,145	0.91	13,709	71
881		Plx1	1.490369	123	87	8,356	0.56	4,702	36
881		Plx2	2.653455	62	40	16,091	0.70	11,256	64

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
881		Plx3	2.303506	44	32	13,247	0.54	7,147	52
881		Plx4	6.560736	59	40	40,465	0.78	31,412	137
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		3.677327	23	18	19,707	0.66	13,047	90
882		Plx1	1.693706	10	7	9,228	0.42	3,841	22
882		Plx2	3.030306	3	3	18,247	0.69	12,503	42
882		Plx3	6.530017	4	3	34,775	0.81	28,169	128
882		Plx4	5.828779	6	5	34,442	0.34	11,546	91
883	Wound Debridement And Grafting Other Than Hand		2.324979	27	24	13,807	0.90	12,456	55
883		Plx1	2.455185	14	13	15,402	1.01	15,491	47
883		Plx2	1.226158	7	6	7,747	0.53	4,108	22
883		Plx3	2.804163	4	4	16,843	0.60	10,034	35
883		Plx4	4.027162	2	2	23,998	0.40	9,496	59
884	Other Amputations Including Toe		1.953677	58	36	11,292	0.96	10,892	59
884		Plx1	1.037703	28	17	6,310	0.62	3,897	31
884		Plx2	1.665661	17	11	10,230	0.91	9,272	58
884		Plx3	3.710574	7	6	23,991	0.70	16,866	70
884		Plx4	8.082717	6	2	50,352	0.91	45,598	112
885	PWS - Aortic Replacement		3.516586	232	156	19,253	0.67	12,805	27
885		Plx1	2.435328	101	62	14,381	0.49	7,046	14
885		Plx2	2.812371	34	22	16,347	0.36	5,925	25
885		Plx3	3.563742	43	33	20,830	0.56	11,654	32
885		Plx4	4.668139	54	36	28,108	0.68	19,072	32
887	Vascular Bypass Surgery		2.414702	584	365	12,948	0.59	7,671	23
887		Plx1	1.824446	324	187	10,459	0.54	5,659	16
887		Plx2	2.266852	106	69	13,117	0.44	5,784	21
887		Plx3	2.631307	91	63	15,081	0.49	7,324	28
887		Plx4	3.860209	63	44	22,291	0.67	15,027	47
890	Other Thoraco-Abdominal Procedures		2.251331	40	32	12,542	0.90	11,259	47
890		Plx1	0.921915	17	14	5,653	0.68	3,818	25
890		Plx2	1.078071	8	5	6,735	0.58	3,896	31

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
890		Plx3	2.418476	5	3	14,394	0.34	4,867	33
890		Plx4	3.898791	10	7	23,141	0.63	14,489	71
891	Vascular Repair		1.71634	198	128	9,834	0.74	7,281	22
891		Plx1	1.279068	145	94	7,656	0.75	5,707	13
891		Plx2	1.862715	15	11	11,291	0.38	4,249	28
891		Plx3	2.685051	22	14	16,684	0.48	8,069	36
891		Plx4	4.563776	16	11	27,918	0.59	16,536	50
892	Other Vascular Procedures		1.509361	150	83	8,442	0.71	5,965	18
892		Plx1	1.28532	119	61	7,698	0.76	5,826	13
892		Plx2	1.874247	12	11	10,838	0.65	7,055	38
892		Plx3	1.943653	16	12	11,997	0.60	7,172	34
892		Plx4	6.096725	3	3	38,235	1.06	40,600	62
893	Vein Ligation And Stripping (MNRH)		0.360264	242	25	1,537	0.40	609	1
893		Plx1	0.31643	240	23	1,527	0.42	635	1
893		Plx2	0.429116	2	2	1,647	0.01	15	1
893		Plx3							
893		Plx4							
895	Deep Vein Thrombophlebitis		0.89983	699	265	4,848	0.79	3,846	22
895		Plx1	0.686805	513	174	3,957	0.83	3,302	18
895		Plx2	0.960132	103	47	5,737	0.77	4,439	25
895		Plx3	1.502401	69	39	8,689	0.67	5,837	43
895		Plx4	1.487093	14	9	8,748	0.63	5,532	39
898	Peripheral Vascular Disease		0.974566	434	217	5,320	0.97	5,145	26
898		Plx1	0.783095	324	168	4,576	0.96	4,388	20
898		Plx2	0.870379	58	24	5,143	0.80	4,121	38
898		Plx3	1.836969	35	16	10,329	0.82	8,423	48
898		Plx4	2.311393	17	11	13,717	0.65	8,947	50
900	Extensive Unrelated O.R. Procedures		4.319678	359	263	25,046	0.99	24,803	82
900		Plx1	1.867034	111	81	11,843	0.72	8,511	28
900		Plx2	2.603053	43	33	15,894	0.60	9,464	70

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
900		Plx3	3.728456	49	37	22,573	0.79	17,732	88
900		Plx4	7.394577	156	128	45,384	0.76	34,421	141
901	Non-Extensive Unrelated O.R. Procedures		2.62872	1,417	976	15,633	1.32	20,711	57
901		Plx1	1.032911	712	469	6,405	0.86	5,479	31
901		Plx2	1.973275	198	134	12,040	0.71	8,551	54
901		Plx3	2.637932	181	137	16,712	0.70	11,718	54
901		Plx4	6.470931	326	254	41,925	0.99	41,449	96
902	Post-Operative Complications With Unrelated O.R. Procedures		2.511035	126	81	14,078	0.92	12,990	46
902		Plx1	1.298639	66	42	7,519	0.95	7,107	29
902		Plx2	2.313491	13	8	13,861	0.45	6,286	127
902		Plx3	3.245201	16	10	19,458	0.65	12,724	47
902		Plx4	5.505005	31	24	35,420	1.02	36,217	69
906	Unrelated O.R. Procedures (MNRH)		1.912882	254	143	10,897	1.14	12,418	61
906		Plx1	1.06672	172	87	6,522	0.86	5,640	37
906		Plx2	1.811973	33	21	10,546	0.92	9,749	72
906		Plx3	2.623185	21	14	16,065	0.76	12,177	68
906		Plx4	4.534813	28	22	27,860	0.79	22,019	87
908	Other Major Procedures For Gynecological Malignancy		1.081346	15	10	6,339	0.51	3,245	15
908		Plx1	0.713786	10	6	4,516	0.49	2,195	13
908		Plx2	0.897833	1	1	6,231	0.00	0	4
908		Plx3	2.056579	2	2	10,982	0.41	4,497	16
908		Plx4	1.818522	2	2	11,128	0.15	1,646	12
909	Obsolete Psychiatric Diagnoses (MNRH)		0.951673	516	161	5,346	0.83	4,461	36
909		Plx9	0.890747	516	161	5,346	0.83	4,461	36
910	Diagnosis Not Generally Hospitalized		0.38924	192	77	2,414	1.39	3,352	4
910		Plx9	0.367547	192	77	2,414	1.39	3,352	4
912	Obstetric Codes Invalid As Most Responsible Diagnosis		0.349223	79	30	1,801	0.69	1,235	7
912		Plx9	0.33217	79	30	1,801	0.69	1,235	7
996	Cadaveric Donor Organ and Tissue Retrieval		2.9105	4	4	18,885	0.33	6,219	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2002/2003 SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
996		Plx9	2.781914	4	4	18,885	0.33	6,219	
997	Stillbirths			251					
997		Plx9		251					
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		0.946134	6	6	5,896	0.62	3,642	7
998		Plx9	0.885503	6	6	5,896	0.62	3,642	7
999	Ungroupable Data		0.511143	63	16	2,979	0.50	1,475	8
999		Plx9	0.484529	63	16	2,979	0.50	1,475	8

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	160	56	216	611
1.2	Nerve & Other, General Anaesthetic	891	440	1,331	760
1.3	Nerve & Other, Other Anaesthetic	577	313	890	134
1.4	Nerve & Other, No Anaesthetic	74	39	114	780
2	Spinal	337	100	437	1,796
3	Nerve Injection	68	34	102	771
4	Orbital & Other Eye	848	297	1,145	1,381
5	Lens Interventions	427	147	573	6,960
6	Iris & Other Eye	72	32	103	477
7	Strabismus	892	343	1,235	851
8	External Eye	140	42	183	13,631
9	Bronch/Pharynx	781	319	1,101	32
10	Tympanoplasty	871	426	1,297	598
11	Sinus Interventions	882	391	1,274	970
12	Other Sinus	718	288	1,006	69
13	Tonsils & Adenoids 12+ years	608	254	862	795
13.1	Tonsils & Adenoids 0 < 6 years	785	251	1,036	623
13.2	Tonsils & Adenoids 6 < 12 years	796	272	1,068	945
14	Nasal Interventions	368	171	539	2,921
15	Other Respiratory	522	175	697	195
16	External Ear 18 + years	128	57	185	460
16.1	External Ear 0 < 1.5 years	469	136	605	312
16.2	External Ear 1.5 < 6 years	453	136	589	942
16.3	External Ear 6 < 12 years	428	136	565	455
16.4	External Ear 12 < 18 years	355	118	473	112
17	Respiratory Endoscopy - ENT	398	139	537	2,510
18	Pacemaker Implant	3,643	1,094	4,737	454
19	Cardiac Catheter 18 + years	1,112	277	1,388	3,593
19.1	Cardiac Catheter 0 < 6 years	2,537	500	3,037	62
19.2	Cardiac Catheter 6 < 18 years	1,982	461	2,443	101
20	Angiography 18 + years	1,073	305	1,377	1,850
20.1	Angiography 0 < 6 years	1,035	218	1,254	4

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	160	56	216	611
1.2	Nerve & Other, General Anaesthetic	891	440	1,331	760
1.3	Nerve & Other, Other Anaesthetic	577	313	890	134
1.4	Nerve & Other, No Anaesthetic	74	39	114	780
2	Spinal	337	100	437	1,796
3	Nerve Injection	68	34	102	771
4	Orbital & Other Eye	848	297	1,145	1,381
5	Lens Interventions	427	147	573	6,960
6	Iris & Other Eye	72	32	103	477
7	Strabismus	892	343	1,235	851
8	External Eye	140	42	183	13,631
9	Bronch/ Pharynx	781	319	1,101	32
10	Tympanoplasty	871	426	1,297	598
11	Sinus Interventions	882	391	1,274	970
12	Other Sinus	718	288	1,006	69
13	Tonsils & Adenoids 12+ years	608	254	862	795
13.1	Tonsils & Adenoids 0 < 6 years	785	251	1,036	623
13.2	Tonsils & Adenoids 6 < 12 years	796	272	1,068	945
14	Nasal Interventions	368	171	539	2,921
15	Other Respiratory	522	175	697	195
16	External Ear 18 + years	128	57	185	460
16.1	External Ear 0 < 1.5 years	469	136	605	312
16.2	External Ear 1.5 < 6 years	453	136	589	942
16.3	External Ear 6 < 12 years	428	136	565	455
16.4	External Ear 12 < 18 years	355	118	473	112
17	Respiratory Endoscopy - ENT	398	139	537	2,510
18	Pacemaker Implant	3,643	1,094	4,737	454
19	Cardiac Catheter 18 + years	1,112	277	1,388	3,593
19.1	Cardiac Catheter 0 < 6 years	2,537	500	3,037	62
19.2	Cardiac Catheter 6 < 18 years	1,982	461	2,443	101
20	Angiography 18 + years	1,073	305	1,377	1,850
20.1	Angiography 0 < 6 years	1,035	218	1,254	4

Schedule 4 – Ambulatory Care Cost Results

MCCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
20.2	Angiography 6 < 12 years	829	227	1,055	8
20.3	Angiography 12 < 18 years	705	216	921	33
21	Vascular Interventions 18 + years	584	208	792	1,477
21.1	Vascular Interventions 0 < 18 years	499	137	636	216
22	Other Vascular Interventions	659	301	960	864
23.1	Lymphatic Interventions, Local Anaesthetic	177	60	237	15
23.2	Lymphatic Interventions, General Anaesthetic	1,369	541	1,910	434
23.3	Lymphatic Interventions, Other Anaesthetic	687	214	901	27
23.4	Lymphatic Interventions, No Anaesthetic	183	52	236	132
24	Minor Vascular	242	87	329	6,716
25	Cholecystectomy	1,034	466	1,499	1,823
26	Hernia	892	371	1,263	3,045
27	ERCP	614	218	832	1,001
28.1	Endoscopy GI - Low	330	126	456	137
28.2	Endoscopy GI - Medium	292	96	388	25,733
28.3	Endoscopy GI - High	324	104	428	2,914
29.1	Ano-Rectal Interventions, Local Anaesthetic	101	37	139	39
29.2	Ano-Rectal Interventions, General Anaesthetic	625	288	913	436
29.3	Ano-Rectal Interventions, Other Anaesthetic	343	106	449	798
29.4	Ano-Rectal Interventions, No Anaesthetic	138	39	177	344
30.1	Minor Anal Interventions, Local Anaesthetic	99	43	142	128
30.2	Minor Anal Interventions, General Anaesthetic	757	285	1,042	165
30.3	Minor Anal Interventions, Other Anaesthetic	331	98	428	371
30.4	Minor Anal Interventions, No Anaesthetic	203	72	276	1,236
31	Mechanical Implants	1,413	593	2,006	42
32	Lithotripsy	461	178	639	2,563
33	Upper Urinary Interventions	722	301	1,023	622
34.1	Lower Uri & Genital	842	292	1,134	1,026
34.2	Reconstruction, Vas Deferens	1,246	552	1,798	30
35.1	Bladder & Urethral Interventions, Local Anaesthetic	148	70	218	13,183
35.2	Bladder & Urethral Interventions, General Anaesthetic	641	231	871	1,194
35.3	Bladder & Urethral Interventions, Other Anaesthetic	434	189	623	1,208

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
35.4	Bladder & Urethral Interventions, No Anaesthetic	233	82	315	4,727
36.1	Vasectomy	233	109	342	1,342
36.2	Other Male Genital Interventions	773	288	1,061	442
37	Circumcision 18 + years	563	240	804	232
37.1	Circumcision 0 < 1.5 years	122	49	171	1,036
37.2	Circumcision 1.5 < 6 years	672	198	870	185
37.3	Circumcision 6 < 12 years	657	205	862	150
37.4	Circumcision 12 < 18 years	676	237	913	55
38	Uro Diagnostic Interventions	173	62	235	3,280
39	Uterus & Adnexal Intervention	756	341	1,096	2,756
40	Endo & Gyn Interventions	496	238	734	2,977
41	Minor Gyn Interventions	158	46	204	5,640
42	Evacuations	328	178	506	3,314
43	Maxillo-Facial	974	394	1,368	152
44	Chest Wall Interventions	707	274	980	134
45.1	Upper Extremity Interventions	574	265	840	564
45.2	Shoulder Interventions	1,128	503	1,631	436
46	Open Reductions	908	436	1,344	388
47	Tendon & Muscle Interventions	521	236	757	1,450
48	Closed Reductions	255	93	348	4,051
49	Lower Extremity	757	293	1,050	81
50	Knee Interventions	737	363	1,100	3,486
51	Ankle & Foot	828	397	1,224	889
52.1	Remove Int Fixation, Lower Extremity	496	214	710	858
52.2	Other Removal, Int Fixation	244	92	336	780
53	Soft Tissue Interventions	369	157	526	1,055
54	Manipulations	110	35	145	12,327
55	Mastectomy	350	126	475	245
56.1	Augment/Reduc Breast Bilateral	1,474	673	2,147	711
56.2	Augment/Reduc Breast Unilateral	1,199	511	1,710	168
57	Breast Plastic Interventions	512	211	723	982
58.1	Ear & Cleft Lip Reconstruction	938	549	1,487	25

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Counted Cases
58.2	Face Rhytidectomy	1,428	657	2,085	16
58.3	Other Plastic Reconstruction	683	272	954	795
59.1	Skin Interventions, Local Anaesthetic	91	38	129	11,454
59.2	Skin Interventions, General Anaesthetic	776	303	1,078	998
59.3	Skin Interventions, Other Anaesthetic	130	52	182	1,938
59.4	Skin Interventions, No Anaesthetic	102	41	143	9,585
60	Dental Surgery	927	337	1,264	1,415
61.1	Biopsy, Other	594	120	714	676
61.2	Biopsy, Percutaneous	514	135	650	3,750
62	Hemodialysis	227	68	295	86,386
62.1	Home Hemodialysis Teaching	1,130	299	1,429	24
62.2	Selfcare Hemodialysis				-
63	Transfusions	326	125	451	7,161
64	Cardioversion	416	152	568	648
65	Chemotherapy Oncology	226	48	274	557
66	Myelogram	411	154	565	61
68	Thyroid Interventions	1,359	652	2,010	46
69	Parotid Duct Interventions	1,452	715	2,166	23
70	Appendectomy	1,094	566	1,660	11
71	Gastro-Intestinal Related Interventions	202	66	268	1,052
72	Peritoneal Dialysis	248	42	289	12
72.1	Home Peritoneal Dialysis Teaching	88	9	97	177
73	Hos Visit Including Diagnostic Investigation of Vascular Sys			338	1
74	Hospital Visit Including Nuclear Imaging	573	116	689	9,111
75	Hospital Visit Including CAT Scan	342	76	418	47,202
76	Hospital Visit Including MRI	478	93	570	32,734
77	Hospital Visit Radiotherapy	280	57	338	352
78	Chest Xray	64	18	82	10,915
79	Other Xray	91	25	116	26,396
80	Mammogram	93	43	136	552
81	Ultrasound	230	42	272	17,777
82.1	Extensive Sleep Studies	782	180	963	1,282

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Control Count
82.2	Other Sleep Labs	194	34	228	698
83	Inner Ear	1,333	742	2,075	20
99	Ungroupables - Based on Interventions	652	276	928	536
201	Diag Inv General Cardiac 0 < 12 years	216	46	262	233
203	Diag Inv General Cardiac 12 < 18 years	206	54	260	187
205	Diag Inv General Cardiac 18+ years	218	61	278	9,885
206	Management General Cardiac 0 < 1.5 years	78	19	97	154
207	Management General Cardiac 1.5 < 12 years	90	20	109	506
208	Management General Cardiac 12 < 18 years	79	20	99	324
210	Management General Cardiac 18+ years	76	19	96	28,683
213	Dysrhythmia & Conductive Disorders	178	61	239	6,518
214	Congestive Heart Failure	174	53	227	3,525
215	Inflammatory Cardiac	165	53	218	90
216	Congenital Heart Disease	221	39	260	2,164
217	Diag Inv Angina	381	89	470	4,047
218	Management Angina	60	18	78	9,705
219	Diag Inv Vascular	303	85	388	747
220	Management Vascular	100	34	134	2,630
251	Diag Inv General Endocrinal 0 < 18 years	166	36	203	133
254	Diag Inv General Endocrinal 18 + years	304	96	399	107
255	Management General Endocrinal 0 < 1.5 years	68	20	89	273
256	Management General Endocrinal 1.5 < 6 years	73	24	97	307
257	Management General Endocrinal 6 < 18 years	49	16	65	596
258	Management General Endocrinal 18 + years	47	19	67	4,417
259	Management Diabetes < 18 years	128	70	198	2,337
260	Management Diabetes 18 + years	65	30	95	20,073
262	Thyrotoxicosis	46	18	65	901
264	Management Ketoacidosis	270	93	363	116
266	Fluid & Electrolyte < 6 years	200	74	274	266
267	Fluid & Electrolyte 6 + years	229	80	309	2,106
301	Diag Inv General ENT	165	56	221	3,661
303	Management General ENT	77	30	107	25,795

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
305	Otitis Media	57	24	81	8,194
306	Epistaxis	82	34	115	1,049
351	Diag Inv General Female Genital Disorders < 45 years	484	120	604	481
352	Diag Inv General Female Genital Disorders 45 + years	292	81	373	98
353	Management General Female Genital Disorders < 18 years	101	34	135	638
354	Management General Female Genital Disorders 18 < 45 years	85	21	106	7,865
355	Management General Female Genital Disorders 45 + years	69	25	95	2,457
356	Management Contraceptive	103	20	123	2,691
357	Diag Inv General Male Genital Disorders < 18 years	272	74	346	99
358	Diag Inv General Male Genital Disorders 18 + years	261	83	344	214
359	Management General Male Genital Disorders < 18 years	62	23	86	821
360	Management General Male Genital Disorders 18 + years	57	20	77	2,051
361	Diag Inv Other Genitourological Disorders < 18 years	251	73	324	289
362	Diag Inv Other Genitourological Disorders 18 + years	271	94	366	2,764
363	Management Other Genitourological Disorders < 18 years	86	30	117	3,251
364	Management Other Genitourological Disorders 18 + years	91	25	116	19,564
400	Diag Inv General Gastrointestinal 0 < 1.5 years	220	66	285	498
401	Diag Inv General Gastrointestinal 1.5 < 6 years	197	61	259	696
402	Diag Inv General Gastrointestinal 6 < 18 years	230	70	300	1,787
403	Diag Inv General Gastrointestinal 18 < 45 years	323	100	423	4,694
404	Diag Inv General Gastrointestinal 45 < 65 years	303	100	403	2,404
405	Diag Inv General Gastrointestinal 65 + years	328	112	440	2,405
406	Management General Gastrointestinal 0 < 1.5 years	72	28	99	5,520
407	Management General Gastrointestinal 1.5 < 6 years	76	29	105	5,073
408	Management General Gastrointestinal 6 < 18 years	83	31	115	6,083
409	Management General Gastrointestinal 18 < 45 years	102	38	139	15,912
410	Management General Gastrointestinal 45 < 65 years	99	34	133	6,770
411	Management General Gastrointestinal 65 + years	100	39	139	3,588
412	Constipation with Disimpaction	219	86	306	46
413	GI Bleed/Perforation/Obstruction	228	79	306	2,170
451	Diag Inv Hematological	315	86	402	687
452	Management Hematological 0 < 6 years	145	54	199	715

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
453	Management Hematological 6 < 12 years	196	77	273	401
454	Management Hematological 12 < 18 years	208	76	284	651
455	Management Hematological 18 < 65 years	130	35	165	4,994
456	Management Hematological 65 + years	118	32	150	2,105
501	Diag Inv Hepatobiliary	395	122	517	1,495
502	Management Hepatobiliary	68	23	91	6,031
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	280	57	337	60
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	188	46	233	57
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	253	55	308	82
555	Diag Inv Inflam Musculoskeletal 18 + years	213	61	274	1,972
556	Diag Inv Other Musculoskeletal < 18 years	122	33	155	5,216
557	Diag Inv Other Musculoskeletal 18 + years	127	38	165	26,720
558	Management Inflam Musculoskeletal 0 < 6 years	81	23	105	137
560	Management Inflam Musculoskeletal 6 < 12 years	72	22	94	235
561	Management Inflam Musculoskeletal 12 < 18 years	76	20	96	259
562	Management Inflam Musculoskeletal 18 + years	54	16	70	12,676
563	Management Other Musculoskeletal < 18 years	45	16	61	5,441
564	Management Other Musculoskeletal 18 + years	37	16	53	38,100
565	Diag Inv Congenital Musculoskeletal Deformities	177	47	224	30
566	Management Congenital Musculoskeletal Deformities	122	31	152	276
567	Diag Inv Other Inflam Musculoskeletal	162	57	219	875
568	Management Other Inflam Musculoskeletal	51	22	73	2,764
569	Infectious Musculoskeletal	111	45	156	1,634
601	Diag Inv General Neurology	230	68	298	758
602	Management General Neurology 0 < 6 years	95	29	125	951
603	Management General Neurology 6 < 12 years	102	29	131	881
604	Management General Neurology 12 < 18 years	90	31	120	458
605	Management General Neurology 18 < 65 years	77	29	106	5,144
606	Management General Neurology 65 + years	121	32	153	1,511
607	Migraine Headache	66	30	96	5,986
608	Diag Inv Headache	183	64	247	207
609	Management Headache	69	30	99	4,139

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
610	Diag Inv Meningitis	302	101	403	16
611	Management Meningitis	75	29	105	107
612	Diag Inv Cerebrovascular	303	90	393	681
613	Management Cerebrovascular	138	39	177	3,721
614	Diag Inv Convulsions	242	77	319	318
615	Management Convulsions	81	27	108	5,526
616	Diag Inv Vertigo	255	85	340	238
617	Management Vertigo	116	47	163	2,365
651	Antepartum Routine	109	40	148	1,953
652	Postpartum Routine	48	134	183	801
653	Diag Inv Neonatal & Congenital	227	66	293	130
654	Management Neonatal & Congenital	103	34	138	1,263
656	Delivery with Postpartum Complications	84	40	124	13
657	Delivery without PostpartumComplications	126	38	163	28
658	Postpartum Conditions Outcomes Uncomplicated	92	32	125	1,916
659	Diag Inv Pregnancy with Abortive	521	132	653	368
660	Management Pregnancy with Abortive Outcomes Uncomp	158	53	212	829
662	Diag Inv Antepartum	319	80	398	1,909
663	Management Antepartum	111	34	145	17,998
664	Diag Inv Pregnancy with Abortive Outcomes Complica	563	140	703	54
665	Management Pregnancy with AbortiveOutcomes Complic	181	52	233	142
701	Diag Inv Oncological	287	97	383	540
702	Management Oncological	79	47	126	2,210
703	Radiotherapy (includes diagnosis code V58.0)	52	33	85	2
704	IV Therapy -- Non Cancer Related	80	27	107	31,864
751	Diag Inv Ophthalmology 0 < 12 years	173	45	218	108
752	Diag Inv Opthalmology 12 < 18 years	154	49	202	70
753	Diag Inv Ophthalmology 18 < 45 years	151	56	207	719
754	Diag Inv Ophthalmology 45 + years	111	58	169	4,572
755	Management Ophthalmology 0 < 12 years	60	23	83	4,212
756	Management Ophthalmology 12 < 18 years	53	23	76	1,208
757	Management Ophthalmology 18 < 45 years	56	25	80	6,690

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
758	Management Ophthalmology 45 + years	65	28	93	19,651
801	Diag Inv Psychiatry	259	80	339	671
802	Management Psychiatry	99	36	136	27,198
803	Drug & Alcohol Related Conditions	173	71	245	4,232
851	Diag Inv General Respiratory < 18 years	186	64	250	5,017
852	Diag Inv General Respiratory 18 + years	238	83	321	10,936
853	Management General Respiratory 0 < 1.5 years	90	36	125	3,132
854	Management General Respiratory 1.5 < 6 years	93	36	128	4,784
855	Management General Respiratory 6 < 18 years	95	35	130	4,565
856	Management General Respiratory 18 < 65 years	94	35	129	7,921
857	Management General Respiratory 65 + years	153	52	204	3,036
863	Diag Inv Severe Respiratory Disease	311	108	418	528
864	Management Severe Respiratory Disease	189	69	258	592
901	Diag Inv Skin & Soft Tissue	184	65	249	4,478
902	Management Skin & Soft Tissue	57	26	83	38,383
906	Cellulitis	106	41	147	5,648
951	Diag Inv Systemic Infection	229	74	304	1,958
952	Management Systemic Infection < 18 years	80	31	110	6,735
953	Management Systemic Infection 18 < 45 years	92	35	127	1,218
954	Management Systemic Infection 45 + years	83	30	113	612
955	Diag Inv AIDS	324	55	379	155
956	Management AIDS	164	20	183	3,008
999	Ungroupable	149	56	205	246
1001	Open Fracture Fingers & Toes	197	77	274	92
1002	Closed Fracture Fingers & Toes	108	41	149	2,523
1003	Fractured Nose, Open & Closed	107	43	150	396
1004	Open Fracture & Dislocations Other	203	67	269	541
1005	Closed Fracture & Dislocations Other	176	63	239	14,653
1007	Open Wounds without Complications	76	32	108	6,911
1008	Open Wound with Complications	100	40	140	979
1009	Sprains	119	46	165	18,776
1010	Contusions Fingers/Toes	98	39	137	1,363

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1011	Contusions except Fingers/Toes	114	44	158	11,184
1012	Open Wound Eye	72	31	104	332
1013	Foreign Body Eyes, Ears, Nose	57	27	84	1,110
1014	Foreign Body except Eyes, Ears, Nose	136	48	184	859
1015	Diag Inv Poisoning	321	120	441	348
1016	Management Poisoning	150	62	213	4,338
1017	Amputation except Fingers/Toes	348	78	425	5
1018	Abuse/Sexual Assault 0 < 12 years	496	97	592	269
1019	Abuse/Sexual Assault 12+ years	229	70	299	251
1020	Burn Moderate to Severe	80	33	112	174
1021	Minor Other Injuries	113	43	157	8,899
1022	Moderate Other Injuries	295	100	395	1,516
1024	Comas	284	117	401	17
1025	Shock	131	52	183	256
1026	Open Spinal Fracture & Dislocation			322	1
1027	Closed Spinal Fracture & Dislocation	233	89	322	337
1028	Diag Inv Head Injury	203	77	280	750
1029	Management Head Injury	64	25	89	3,195
1030	Diag Inv Thoraco-Abdominal & Major Vascular	279	99	378	147
1031	Management Thoraco-Abdominal & Major Vascular	81	35	116	1,108
1032	Burn Minor 0 < 6 years	70	28	99	345
1033	Burn Minor 6 + years	61	28	89	1,309
1034	Diag Inv Major Other Injuries	248	92	340	40
1035	Management Major Other Injuries	204	43	247	147
1051	Assessment Referral	49	13	62	1,125
1052	Assessment Intake	221	50	271	3,834
1053	Assessment Collateral	115	35	151	55
1054	Legal Assessment Half Day			188	1
1055	Legal Assessment Full Day			188	1
1056	Assessment Specialized	176	47	223	4,593
1057	Individual Therapy	66	19	85	31,138
1058	Crisis/Intervention Calls Telephone Crisis Calls			188	1

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call			188	1
1060	Couple Therapy	137	34	171	263
1061	Family Therapy	101	25	126	864
1062	Group Therapy	20	6	25	91,272
1063	ECT	158	91	249	1,244
1064	Medication Administration	111	34	145	7,773
1065	Patient Specific Consultations/Case Supervision	57	23	81	10,422
1066	Patient Specific Hearings			188	1
1067	Patient Specific Professional Reports and Applications			188	1
1068	Patient Specific Critical Incident Documentation			188	1
1069	Diagnostic Testing/Scoring Testing Type 1	79	54	134	166
1070	Diagnostic Testing/Scoring Testing Type 2	302	79	381	207
1071	Diagnostic Testing/Scoring Testing Type 3	758	158	916	65
1072	Therapeutic Milieu Programs Half Day	53	16	69	745
1073	Therapeutic Milieu Programs Full Day	467	139	607	10
1074	Mental Health Education 0-120 min	21	10	31	12
1075	Mental Health Education 121-240 min			188	1
1076	Mental Health Education 241-360 min				-
1077	Mental Health Education 361-480 min				-
1101	OT Group 1	16	2	18	14,876
1102	OT Group 2	39	5	44	15,993
1103	OT Group 3	56	9	65	4,514
1104	OT Group 4	126	17	143	16,442
1105	OT Group 5	167	21	189	1,063
1106	OT Group 6	316	43	360	444
1111	Physical Therapy Group 1	21	10	31	26,008
1112	Physical Therapy Group 2	37	9	47	30,213
1113	Physical Therapy Group 3	49	11	60	6,369
1114	Physical Therapy Group 4	90	16	106	17,089
1115	Physical Therapy Group 5	141	24	165	626
1116	Physical Therapy Group 6	223	41	264	251
1121	Recreational Therapy Group 1	13	2	15	6,701

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1122	Recreational Therapy Group 2	30	4	34	4,189
1123	Recreational Therapy Group 3	42	6	49	195
1124	Recreational Therapy Group 4	83	9	92	1,161
1125	Recreational Therapy Group 5	107	12	119	32
1126	Recreational Therapy Group 6	145	14	159	12
1131	Speech-Language Pathology Group 1	28	5	32	4,105
1132	Speech-Language Pathology Group 2	58	9	67	6,928
1133	Speech-Language Pathology Group 3	69	12	81	200
1134	Speech-Language Pathology Group 4	147	23	170	8,553
1135	Speech-Language Pathology Group 5	257	41	299	3,503
1136	Speech-Language Pathology Group 6	337	60	397	238
1141	Audiology Group 1	35	5	40	118
1142	Audiology Group 2	70	13	83	1,880
1143	Audiology Group 3	201	32	234	5,050
1144	Audiology Group 4	388	55	443	84
1145	Audiology Group 5 - Cochlear Implant			188	1
1151	Resp Therapy Group 1	19	2	21	7,113
1152	Resp Therapy Group 2	38	5	43	6,791
1153	Resp Therapy Group 3	52	7	60	4,846
1154	Resp Therapy Group 4	118	17	135	7,233
1155	Resp Therapy Group 5	149	23	172	2,669
1156	Resp Therapy Group 6	308	50	358	3,321
1201	Clinical Nutrition Group 1	20	3	23	23,474
1202	Clinical Nutrition Group 2	50	9	59	12,179
1203	Clinical Nutrition Group 3	74	10	84	2,246
1204	Clinical Nutrition Group 4	131	28	159	10,053
1205	Clinical Nutrition Group 5	197	31	228	969
1206	Clinical Nutrition Group 6	292	47	339	223
1221	Social Work Group 1	47	6	53	13,584
1222	Social Work Group 2	109	13	122	7,403
1223	Social Work Group 3	168	20	188	876
1224	Social Work Group 4	282	39	321	514

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1225	Social Work Group 5	326	36	362	63
1226	Social Work Group 6	511	66	577	9
1241	Psychology Group 1	53	9	63	8,613
1242	Psychology Group 2	174	28	202	2,848
1243	Psychology Group 3	218	37	255	518
1244	Psychology Group 4	459	75	533	2,381
1245	Psychology Group 5	564	95	659	116
1246	Psychology Group 6	626	116	742	22
1247	Psychology Group 7			188	1
1248	Psychology Group 8			188	1
1249	Psychology Group 9			188	1
2001	Critical Care Unit or O.R. with Secondary Diagnosis	252	77	329	617
2002	Critical Care Unit or O.R. without Secondary Diagnosis	369	75	443	1,009
2003	Other Unit with Secondary Diagnosis	181	71	252	8,665
2004	Other Unit without Secondary Diagnosis	177	64	240	11,850
2021	DOA	116	59	176	10
2022	Died During Visit	163	85	248	152
2023	Death - Organ Donor			188	1
2041	Patient Transferred with Secondary Diagnosis	184	75	258	1,235
2042	Patient Transferred without Secondary Diagnosis	164	67	232	1,224
2050	Diag Inv General Symptoms/Exam	232	50	282	7,425
2051	Management General Symptoms/Exam < 18 years	125	50	175	11,046
2052	Management General Symptoms/Exam 18 < 45 years	97	44	141	14,823
2053	Management General Symptoms/Exam 45 < 65 years	110	44	154	9,888
2054	Management General Symptoms/Exam 65+ years	123	39	162	13,837
2059	Prophylactic Vaccination	84	33	117	4,631
2060	Therapeutic Medical Counseling	111	31	142	8,803
2062	Preoperative Exam	164	42	206	30,613
2063	Private Practice Office Visit	114	17	131	3
2064	Therapy - No Intervention Code	105	21	126	10,313
2066	Contact/Carrier of Communicable Disease	145	35	179	434
2067	Health Hazard Related to Personal/Family History	704	226	930	1,308

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Casted Cases
2068	Routine Health Supervision	55	26	80	9,757
2069	Postsurgical Status	104	28	132	15,437
2070	Follow-up/Convalescence	54	17	72	17,051
2071	Screening Exam	155	36	191	4,403
2072	Screening Exam - Genetics				-
2073	Genetic Counselling	759	109	868	1,958
2081	Non Registered Service Recipients				-
2082	Mode of Service - Telephone	37	11	48	141,300
2099	Patient Left Without Being Seen	58	28	86	1,200

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
1.1	Nerve & Other, Local Anaesthetic	611	1,069	N/A	216	145	N/A
1.2	Nerve & Other, General Anaesthetic	760	529	N/A	1,331	1,368	N/A
1.3	Nerve & Other, Other Anaesthetic	134	77	N/A	890	843	N/A
1.4	Nerve & Other, No Anaesthetic	780	174	N/A	114	660	N/A
2	Spinal	1,796	1,102	N/A	437	414	N/A
3	Nerve Injection	771	1,777	N/A	102	108	N/A
4	Orbital & Other Eye	1,381	3,274	N/A	1,145	868	N/A
5	Lens Interventions	6,960	4,161	N/A	573	647	N/A
6	Iris & Other Eye	477	202	N/A	103	332	N/A
7	Strabismus	851	903	N/A	1,235	1,485	N/A
8	External Eye	13,631	5,652	N/A	183	298	N/A
9	Bronch/Pharynx	32	68	N/A	1,101	1,122	N/A
10	Tympanoplasty	598	425	N/A	1,297	1,425	N/A
11	Sinus Interventions	970	911	N/A	1,274	1,477	N/A
12	Other Sinus	69	1,098	N/A	1,006	1,060	N/A
13	Tonsils & Adenoids 12+ years	795	678	N/A	862	1,052	N/A
13.1	Tonsils & Adenoids 0 < 6 years	623	587	N/A	1,036	1,286	N/A
13.2	Tonsils & Adenoids 6 < 12 years	945	760	N/A	1,068	1,305	N/A
14	Nasal Interventions	2,921	1,033	N/A	539	526	N/A
15	Other Respiratory	195	45	N/A	697	705	N/A
16	External Ear 18 + years	460	116	N/A	185	325	N/A
16.1	External Ear 0 < 1.5 years	312	339	N/A	605	669	N/A
16.2	External Ear 1.5 < 6 years	942	856	N/A	589	672	N/A
16.3	External Ear 6 < 12 years	455	382	N/A	565	713	N/A
16.4	External Ear 12 < 18 years	112	49	N/A	473	741	N/A
17	Respiratory Endoscopy - ENT	2,510	2,125	N/A	537	569	N/A
18	Pacemaker Implant	454	241	N/A	4,737	6,446	N/A
19	Cardiac Catheter 18 + years	3,593	4,398	N/A	1,388	1,862	N/A
19.1	Cardiac Catheter 0 < 6 years	62	101	N/A	3,037	4,558	N/A
19.2	Cardiac Catheter 6 < 18 years	101	126	N/A	2,443	3,769	N/A
20	Angiography 18 + years	1,850	1,577	N/A	1,377	1,297	N/A
20.1	Angiography 0 < 6 years	4	3	N/A	1,254	1,900	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
1.1	Nerve & Other, Local Anaesthetic	611	1,069	N/A	216	145	N/A
1.2	Nerve & Other, General Anaesthetic	760	529	N/A	1,331	1,368	N/A
1.3	Nerve & Other, Other Anaesthetic	134	77	N/A	890	843	N/A
1.4	Nerve & Other, No Anaesthetic	780	174	N/A	114	660	N/A
2	Spinal	1,796	1,102	N/A	437	414	N/A
3	Nerve Injection	771	1,777	N/A	102	108	N/A
4	Orbital & Other Eye	1,381	3,274	N/A	1,145	868	N/A
5	Lens Interventions	6,960	4,161	N/A	573	647	N/A
6	Iris & Other Eye	477	202	N/A	103	332	N/A
7	Strabismus	851	903	N/A	1,235	1,485	N/A
8	External Eye	13,631	5,652	N/A	183	298	N/A
9	Bronch/Pharynx	32	68	N/A	1,101	1,122	N/A
10	Tympanoplasty	598	425	N/A	1,297	1,425	N/A
11	Sinus Interventions	970	911	N/A	1,274	1,477	N/A
12	Other Sinus	69	1,098	N/A	1,006	1,060	N/A
13	Tonsils & Adenoids 12+ years	795	678	N/A	862	1,052	N/A
13.1	Tonsils & Adenoids 0 < 6 years	623	587	N/A	1,036	1,286	N/A
13.2	Tonsils & Adenoids 6 < 12 years	945	760	N/A	1,068	1,305	N/A
14	Nasal Interventions	2,921	1,033	N/A	539	526	N/A
15	Other Respiratory	195	45	N/A	697	705	N/A
16	External Ear 18 + years	460	116	N/A	185	325	N/A
16.1	External Ear 0 < 1.5 years	312	339	N/A	605	669	N/A
16.2	External Ear 1.5 < 6 years	942	856	N/A	589	672	N/A
16.3	External Ear 6 < 12 years	455	382	N/A	565	713	N/A
16.4	External Ear 12 < 18 years	112	49	N/A	473	741	N/A
17	Respiratory Endoscopy - ENT	2,510	2,125	N/A	537	569	N/A
18	Pacemaker Implant	454	241	N/A	4,737	6,446	N/A
19	Cardiac Catheter 18 + years	3,593	4,398	N/A	1,388	1,862	N/A
19.1	Cardiac Catheter 0 < 6 years	62	101	N/A	3,037	4,558	N/A
19.2	Cardiac Catheter 6 < 18 years	101	126	N/A	2,443	3,769	N/A
20	Angiography 18 + years	1,850	1,577	N/A	1,377	1,297	N/A
20.1	Angiography 0 < 6 years	4	3	N/A	1,254	1,900	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
20.2	Angiography 6 < 12 years	8	6	N/A	1,055	1,251	N/A
20.3	Angiography 12 < 18 years	33	13	N/A	921	1,458	N/A
21	Vascular Interventions 18 + years	1,477	638	N/A	792	1,243	N/A
21.1	Vascular Interventions 0 < 18 years	216	44	N/A	636	1,975	N/A
22	Other Vascular Interventions	864	596	N/A	960	1,062	N/A
23.1	Lymphatic Interventions, Local Anaesthetic	15	125	N/A	237	263	N/A
23.2	Lymphatic Interventions, General Anaesthetic	434	334	N/A	1,910	1,626	N/A
23.3	Lymphatic Interventions, Other Anaesthetic	27	23	N/A	901	837	N/A
23.4	Lymphatic Interventions, No Anaesthetic	132	54	N/A	236	994	N/A
24	Minor Vascular	6,716	440	N/A	329	657	N/A
25	Cholecystectomy	1,823	1,843	N/A	1,499	1,541	N/A
26	Hernia	3,045	2,838	N/A	1,263	1,320	N/A
27	ERCP	1,001	981	N/A	832	792	N/A
28.1	Endoscopy GI - Low	137	1,965	N/A	456	200	N/A
28.2	Endoscopy GI - Medium	25,733	20,889	N/A	388	358	N/A
28.3	Endoscopy GI - High	2,914	2,731	N/A	428	368	N/A
29.1	Ano-Rectal Interventions, Local Anaesthetic	39	39	N/A	139	106	N/A
29.2	Ano-Rectal Interventions, General Anaesthetic	436	390	N/A	913	925	N/A
29.3	Ano-Rectal Interventions, Other Anaesthetic	798	613	N/A	449	413	N/A
29.4	Ano-Rectal Interventions, No Anaesthetic	344	176	N/A	177	495	N/A
30.1	Minor Anal Interventions, Local Anaesthetic	128	54	N/A	142	138	N/A
30.2	Minor Anal Interventions, General Anaesthetic	165	117	N/A	1,042	938	N/A
30.3	Minor Anal Interventions, Other Anaesthetic	371	198	N/A	428	304	N/A
30.4	Minor Anal Interventions, No Anaesthetic	1,236	1,152	N/A	276	209	N/A
31	Mechanical Implants	42	34	N/A	2,006	1,721	N/A
32	Lithotripsy	2,563	1,583	N/A	639	758	N/A
33	Upper Urinary Interventions	622	775	N/A	1,023	909	N/A
34.1	Lower Uri & Genital	1,026	789	N/A	1,134	1,259	N/A
34.2	Reconstruction, Vas Deferens	30	16	N/A	1,798	2,257	N/A
35.1	Bladder & Urethral Interventions, Local Anaesthetic	13,183	10,425	N/A	218	224	N/A
35.2	Bladder & Urethral Interventions, General Anaesthetic	1,194	1,352	N/A	871	884	N/A
35.3	Bladder & Urethral Interventions, Other Anaesthetic	1,208	726	N/A	623	601	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
35.4	Bladder & Urethral Interventions, No Anaesthetic	4,727	2,910	N/A	315	356	N/A
36.1	Vasectomy	1,342	1,144	N/A	342	312	N/A
36.2	Other Male Genital Interventions	442	559	N/A	1,061	1,108	N/A
37	Circumcision 18 + years	232	196	N/A	804	914	N/A
37.1	Circumcision 0 < 1.5 years	1,036	870	N/A	171	227	N/A
37.2	Circumcision 1.5 < 6 years	185	141	N/A	870	935	N/A
37.3	Circumcision 6 < 12 years	150	118	N/A	952	959	N/A
37.4	Circumcision 12 < 18 years	55	43	N/A	913	990	N/A
38	Uro Diagnostic Interventions	3,280	2,486	N/A	235	190	N/A
39	Uterus & Adnexal Intervention	2,756	2,525	N/A	1,096	1,195	N/A
40	Endo & Gyn Interventions	2,977	2,911	N/A	734	744	N/A
41	Minor Gyn Interventions	5,640	3,941	N/A	204	203	N/A
42	Evacuations	3,314	3,634	N/A	506	465	N/A
43	Maxillo-Facial	152	124	N/A	1,368	1,587	N/A
44	Chest Wall Interventions	134	253	N/A	980	1,014	N/A
45.1	Upper Extremity Interventions	564	483	N/A	840	1,521	N/A
45.2	Shoulder Interventions	436	433	N/A	1,631	1,766	N/A
46	Open Reductions	388	732	N/A	1,344	1,210	N/A
47	Tendon & Muscle Interventions	1,450	805	N/A	757	1,114	N/A
48	Closed Reductions	4,051	1,359	N/A	348	370	N/A
49	Lower Extremity	81	409	N/A	1,050	956	N/A
50	Knee Interventions	3,486	3,256	N/A	1,100	1,105	N/A
51	Ankle & Foot	889	287	N/A	1,224	1,208	N/A
52.1	Remove Int Fixation, Lower Extremity	858	456	N/A	710	1,029	N/A
52.2	Other Removal, Int Fixation	780	771	N/A	336	330	N/A
53	Soft Tissue Interventions	1,055	1,338	N/A	526	484	N/A
54	Manipulations	12,327	10,335	N/A	145	144	N/A
55	Mastectomy	245	1,109	N/A	475	700	N/A
56.1	Augment/Reduc Breast Bilateral	711	653	N/A	2,147	1,976	N/A
56.2	Augment/Reduc Breast Unilateral	168	207	N/A	1,710	1,621	N/A
57	Breast Plastic Interventions	982	104	N/A	723	490	N/A
58.1	Ear & Cleft Lip Reconstruction	25	245	N/A	1,487	1,503	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
58.2	Face Rhytidectomy	16	7	N/A	2,085	3,656	N/A
58.3	Other Plastic Reconstruction	795	324	N/A	954	362	N/A
59.1	Skin Interventions, Local Anaesthetic	11,454	5,582	N/A	129	149	N/A
59.2	Skin Interventions, General Anaesthetic	998	1,128	N/A	1,078	1,147	N/A
59.3	Skin Interventions, Other Anaesthetic	1,938	657	N/A	182	279	N/A
59.4	Skin Interventions, No Anaesthetic	9,585	5,177	N/A	143	174	N/A
60	Dental Surgery	1,415	1,418	N/A	1,264	1,422	N/A
61.1	Biopsy, Other	676	710	N/A	714	630	N/A
61.2	Biopsy, Percutaneous	3,750	2,936	N/A	650	686	N/A
62	Hemodialysis	86,386	73,436	N/A	295	311	N/A
62.1	Home Hemodialysis Teaching	24		N/A	1,429		N/A
62.2	Selfcare Hemodialysis			N/A			N/A
63	Transfusions	7,161	4,872	N/A	451	458	N/A
64	Cardioversion	648	328	N/A	568	965	N/A
65	Chemotherapy Oncology	557	662	N/A	274	218	N/A
66	Myelogram	61	129	N/A	565	518	N/A
68	Thyroid Interventions	46	23	N/A	2,010	1,914	N/A
69	Parotid Duct Interventions	23	65	N/A	2,166	1,846	N/A
70	Appendectomy	11	17	N/A	1,660	1,928	N/A
71	Gastro-Intestinal Related Interventions	1,052	2,098	N/A	268	233	N/A
72	Peritoneal Dialysis	12	649	N/A	289	475	N/A
72.1	Home Peritoneal Dialysis Teaching	177	1,416	N/A	97	220	N/A
73	Hos Visit Including Diagnostic Investigation of Vascular Sys	1	1	N/A	338	375	N/A
74	Hospital Visit Including Nuclear Imaging	9,111	8,384	N/A	689	666	N/A
75	Hospital Visit Including CAT Scan	47,202	38,196	N/A	418	366	N/A
76	Hospital Visit Including MRI	32,734	22,510	N/A	570	553	N/A
77	Hopsital Visit Radiotherapy	352		N/A	338		N/A
78	Chest Xray	10,915	12,247	N/A	82	87	N/A
79	Other Xray	26,396	26,367	N/A	116	111	N/A
80	Mammogram	552	851	N/A	136	185	N/A
81	Ultrasound	17,777	17,468	N/A	272	256	N/A
82.1	Extensive Sleep Studies	1,282	1,130	N/A	963	1,151	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
82.2	Other Sleep Labs	698	84	N/A	228	597	N/A
83	Inner Ear	20		N/A	2,075		N/A
99	Ungroupables - Based on Interventions	536		N/A	928		N/A
201	Diag Inv General Cardiac 0 < 12 years	233	337	N/A	262	235	N/A
203	Diag Inv General Cardiac 12 < 18 years	187	162	N/A	260	255	N/A
205	Diag Inv General Cardiac 18+ years	9,885	6,939	N/A	278	240	N/A
206	Management General Cardiac 0 < 1.5 years	154	231	N/A	97	99	N/A
207	Management General Cardiac 1.5 < 12 years	506	736	N/A	109	103	N/A
208	Management General Cardiac 12 < 18 years	324	343	N/A	99	95	N/A
210	Management General Cardiac 18+ years	28,683	25,800	N/A	96	91	N/A
213	Dysrhythmia & Conductive Disorders	6,518	3,811	N/A	239	227	N/A
214	Congestive Heart Failure	3,525	2,563	N/A	227	116	N/A
215	Inflammatory Cardiac	90	110	N/A	218	154	N/A
216	Congenital Heart Disease	2,164	1,686	N/A	260	266	N/A
217	Diag Inv Angina	4,047	1,570	N/A	470	250	N/A
218	Management Angina	9,705	10,993	N/A	78	65	N/A
219	Diag Inv Vascular	747	390	N/A	388	370	N/A
220	Management Vascular	2,630	1,761	N/A	134	104	N/A
251	Diag Inv General Endocrinal 0 < 18 years	133	139	N/A	203	265	N/A
254	Diag Inv General Endocrinal 18 + years	107	42	N/A	399	349	N/A
255	Management General Endocrinal 0 < 1.5 years	273	175	N/A	89	98	N/A
256	Management General Endocrinal 1.5 < 6 years	307	282	N/A	97	90	N/A
257	Management General Endocrinal 6 < 18 years	596	589	N/A	65	95	N/A
258	Management General Endocrinal 18 + years	4,417	3,648	N/A	67	111	N/A
259	Management Diabetes < 18 years	2,337	1,933	N/A	198	238	N/A
260	Management Diabetes 18 + years	20,073	15,998	N/A	95	101	N/A
262	Thyrotoxicosis	901	781	N/A	65	133	N/A
264	Management Ketoacidosis	116	27	N/A	363	467	N/A
266	Fluid & Electrolyte < 6 years	266	194	N/A	274	293	N/A
267	Fluid & Electrolyte 6 + years	2,106	1,823	N/A	309	219	N/A
301	Diag Inv General ENT	3,661	1,441	N/A	221	214	N/A
303	Management General ENT	25,795	15,981	N/A	107	131	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
305	Otitis Media	8,194	5,141	N/A	81	92	N/A
306	Epistaxis	1,049	456	N/A	115	123	N/A
351	Diag Inv General Female Genital Disorders < 45 years	481	146	N/A	604	454	N/A
352	Diag Inv General Female Genital Disorders 45 + years	98	104	N/A	373	181	N/A
353	Management General Female Genital Disorders < 18 years	638	256	N/A	135	106	N/A
354	Management General Female Genital Disorders 18 < 45 years	7,865	5,812	N/A	106	66	N/A
355	Management General Female Genital Disorders 45 + years	2,457	3,293	N/A	95	81	N/A
356	Management Contraceptive	2,691	1,857	N/A	123	57	N/A
357	Diag Inv General Male Genital Disorders < 18 years	99	67	N/A	346	370	N/A
358	Diag Inv General Male Genital Disorders 18 + years	214	63	N/A	344	395	N/A
359	Management General Male Genital Disorders < 18 years	821	464	N/A	86	112	N/A
360	Management General Male Genital Disorders 18 + years	2,051	1,889	N/A	77	64	N/A
361	Diag Inv Other Genitourological Disorders < 18 years	289	197	N/A	324	355	N/A
362	Diag Inv Other Genitourological Disorders 18 + years	2,764	708	N/A	366	326	N/A
363	Management Other Genitourological Disorders < 18 years	3,251	2,308	N/A	117	124	N/A
364	Management Other Genitourological Disorders 18 + years	19,564	12,111	N/A	116	107	N/A
400	Diag Inv General Gastrointestinal 0 < 1.5 years	498	304	N/A	285	288	N/A
401	Diag Inv General Gastrointestinal 1.5 < 6 years	696	353	N/A	259	231	N/A
402	Diag Inv General Gastrointestinal 6 < 18 years	1,787	784	N/A	300	298	N/A
403	Diag Inv General Gastrointestinal 18 < 45 years	4,694	888	N/A	423	457	N/A
404	Diag Inv General Gastrointestinal 45 < 65 years	2,404	517	N/A	403	431	N/A
405	Diag Inv General Gastrointestinal 65 + years	2,405	415	N/A	440	475	N/A
406	Management General Gastrointestinal 0 < 1.5 years	5,520	3,298	N/A	59	111	N/A
407	Management General Gastrointestinal 1.5 < 6 years	5,073	3,005	N/A	105	111	N/A
408	Management General Gastrointestinal 6 < 18 years	6,083	3,828	N/A	115	109	N/A
409	Management General Gastrointestinal 18 < 45 years	15,912	7,244	N/A	139	110	N/A
410	Management General Gastrointestinal 45 < 65 years	6,770	5,534	N/A	133	101	N/A
411	Management General Gastrointestinal 65 + years	3,588	2,532	N/A	139	111	N/A
412	Constipation with Disimpaction	46	243	N/A	306	319	N/A
413	GI Bleed/Perforation/Obstruction	2,170	771	N/A	306	186	N/A
451	Diag Inv Hematological	687	364	N/A	402	367	N/A
452	Management Hematological 0 < 6 years	715	516	N/A	199	212	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
453	Management Hematological 6 < 12 years	401	384	N/A	273	289	N/A
454	Management Hematological 12 < 18 years	651	386	N/A	284	265	N/A
455	Management Hematological 18 < 65 years	4,994	4,975	N/A	165	173	N/A
456	Management Hematological 65 + years	2,105	1,844	N/A	150	153	N/A
501	Diag Inv Hepatobiliary	1,495	251	N/A	517	479	N/A
502	Management Hepatobiliary	6,031	3,824	N/A	91	85	N/A
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	60	6	N/A	337	318	N/A
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	57	27	N/A	233	251	N/A
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	52	39	N/A	308	273	N/A
555	Diag Inv Inflam Musculoskeletal 18 + years	1,972	1,172	N/A	274	253	N/A
556	Diag Inv Other Musculoskeletal < 18 years	5,216	3,736	N/A	155	140	N/A
557	Diag Inv Other Musculoskeletal 18 + years	26,720	19,436	N/A	165	148	N/A
558	Management Inflam Musculoskeletal 0 < 6 years	137	82	N/A	105	114	N/A
560	Management Inflam Musculoskeletal 6 < 12 years	235	139	N/A	94	119	N/A
561	Management Inflam Musculoskeletal 12 < 18 years	259	184	N/A	56	98	N/A
562	Management Inflam Musculoskeletal 18 + years	12,676	11,669	N/A	70	68	N/A
563	Management Other Musculoskeletal < 18 years	5,441	3,375	N/A	61	58	N/A
564	Management Other Musculoskeletal 18 + years	38,100	26,172	N/A	53	39	N/A
565	Diag Inv Congenital Musculoskeletal Deformities	30	47	N/A	224	227	N/A
566	Management Congenital Musculoskeletal Deformities	276	390	N/A	152	121	N/A
567	Diag Inv Other Inflam Musculoskeletal	875	263	N/A	219	207	N/A
568	Management Other Inflam Musculoskeletal	2,764	1,804	N/A	73	56	N/A
569	Infectious Musculoskeletal	1,634	1,080	N/A	156	91	N/A
601	Diag Inv General Neurology	758	488	N/A	298	294	N/A
602	Management General Neurology 0 < 6 years	951	903	N/A	125	152	N/A
603	Management General Neurology 6 < 12 years	881	684	N/A	131	169	N/A
604	Management General Neurology 12 < 18 years	458	399	N/A	120	125	N/A
605	Management General Neurology 18 < 65 years	5,144	4,820	N/A	106	111	N/A
606	Management General Neurology 65 + years	1,511	1,510	N/A	153	132	N/A
607	Migraine Headache	5,986	2,302	N/A	96	110	N/A
608	Diag Inv Headache	207	69	N/A	247	217	N/A
609	Management Headache	4,139	1,730	N/A	99	104	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
610	Diag Inv Meningitis	16		N/A	403		N/A
611	Management Meningitis	107	131	N/A	105	129	N/A
612	Diag Inv Cerebrovascular	681	302	N/A	393	379	N/A
613	Management Cerebrovascular	3,721	2,486	N/A	177	206	N/A
614	Diag Inv Convulsions	318	530	N/A	319	220	N/A
615	Management Convulsions	5,526	3,493	N/A	108	117	N/A
616	Diag Inv Vertigo	238	52	N/A	340	347	N/A
617	Management Vertigo	2,365	1,031	N/A	163	155	N/A
651	Antepartum Routine	1,953	886	N/A	148	86	N/A
652	Postpartum Routine	801	82	N/A	183	53	N/A
653	Diag Inv Neonatal & Congenital	130	90	N/A	293	270	N/A
654	Management Neonatal & Congenital	1,263	951	N/A	138	167	N/A
656	Delivery with Postpartum Complications	13	1	N/A	124	286	N/A
657	Delivery without PostpartumComplications	28	1	N/A	163	296	N/A
658	Postpartum Conditions Outcomes Uncomplicated	1,916	521	N/A	125	106	N/A
659	Diag Inv Pregnancy with Abortive	368	32	N/A	653	601	N/A
660	Management Pregnancy with Abortive Outcomes Uncomp	829	110	N/A	212	299	N/A
662	Diag Inv Antepartum	1,909	2,831	N/A	398	361	N/A
663	Management Antepartum	17,998	12,621	N/A	145	98	N/A
664	Diag Inv Pregnancy with Abortive Outcomes Complica	54	5	N/A	703	730	N/A
665	Management Pregnancy with AbortiveOutcomes Complic	142	17	N/A	233	214	N/A
701	Diag Inv Oncological	540	283	N/A	383	300	N/A
702	Management Oncological	2,210	2,221	N/A	126	134	N/A
703	Radiotherapy (includes diagnosis code V58.0)	2	6	N/A	85	122	N/A
704	IV Therapy -- Non Cancer Related	31,864	22,843	N/A	107	109	N/A
751	Diag Inv Ophthalmology 0 < 12 years	108	34	N/A	218	214	N/A
752	Diag Inv Opthalmology 12 < 18 years	70	38	N/A	202	215	N/A
753	Diag Inv Ophthalmology 18 < 45 years	719	786	N/A	207	221	N/A
754	Diag Inv Ophthalmology 45 + years	4,572	5,984	N/A	169	209	N/A
755	Management Ophthalmology 0 < 12 years	4,212	4,150	N/A	83	80	N/A
756	Management Ophthalmology 12 < 18 years	1,208	1,095	N/A	76	73	N/A
757	Management Ophthalmology 18 < 45 years	6,690	6,216	N/A	80	74	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
758	Management Ophthalmology 45 + years	19,651	21,933	N/A	93	76	N/A
801	Diag Inv Psychiatry	671	271	N/A	339	282	N/A
802	Management Psychiatry	27,198	64,788	N/A	136	98	N/A
803	Drug & Alcohol Related Conditions	4,232	2,204	N/A	245	175	N/A
851	Diag Inv General Respiratory < 18 years	5,017	2,151	N/A	250	238	N/A
852	Diag Inv General Respiratory 18 + years	10,936	2,926	N/A	321	308	N/A
853	Management General Respiratory 0 < 1.5 years	3,132	2,108	N/A	125	138	N/A
854	Management General Respiratory 1.5 < 6 years	4,784	3,563	N/A	128	133	N/A
855	Management General Respiratory 6 < 18 years	4,565	3,152	N/A	130	137	N/A
856	Management General Respiratory 18 < 65 years	7,921	4,520	N/A	129	117	N/A
857	Management General Respiratory 65 + years	3,036	1,311	N/A	204	117	N/A
863	Diag Inv Severe Respiratory Disease	528	312	N/A	418	356	N/A
864	Management Severe Respiratory Disease	592	806	N/A	258	282	N/A
901	Diag Inv Skin & Soft Tissue	4,478	2,293	N/A	249	180	N/A
902	Management Skin & Soft Tissue	38,383	24,100	N/A	83	76	N/A
906	Cellulitis	5,648	4,142	N/A	147	117	N/A
951	Diag Inv Systemic Infection	1,958	786	N/A	304	282	N/A
952	Management Systemic Infection < 18 years	6,735	4,996	N/A	110	121	N/A
953	Management Systemic Infection 18 < 45 years	1,218	503	N/A	127	120	N/A
954	Management Systemic Infection 45 + years	612	353	N/A	113	106	N/A
955	Diag Inv AIDS	155	77	N/A	379	288	N/A
956	Management AIDS	3,008	1,564	N/A	183	129	N/A
999	Ungroupable	246	40	N/A	205	132	N/A
1001	Open Fracture Fingers & Toes	92	42	N/A	274	216	N/A
1002	Closed Fracture Fingers & Toes	2,523	1,247	N/A	149	113	N/A
1003	Fractured Nose, Open & Closed	396	153	N/A	150	133	N/A
1004	Open Fracture & Dislocations Other	541	42	N/A	269	333	N/A
1005	Closed Fracture & Dislocations Other	14,653	5,129	N/A	239	199	N/A
1007	Open Wounds without Complications	6,911	3,541	N/A	108	116	N/A
1008	Open Wound with Complications	979	269	N/A	140	147	N/A
1009	Sprains	18,776	4,756	N/A	165	168	N/A
1010	Contusions Fingers/Toes	1,363	323	N/A	137	135	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
1011	Contusions except Fingers/Toes	11,184	2,960	N/A	158	180	N/A
1012	Open Wound Eye	332	209	N/A	104	69	N/A
1013	Foreign Body Eyes, Ears, Nose	1,110	496	N/A	84	85	N/A
1014	Foreign Body except Eyes, Ears, Nose	859	498	N/A	184	175	N/A
1015	Diag Inv Poisoning	348	88	N/A	441	389	N/A
1016	Management Poisoning	4,338	1,005	N/A	213	229	N/A
1017	Amputation except Fingers/Toes	5	1	N/A	425	69	N/A
1018	Abuse/Sexual Assault 0 < 12 years	269	134	N/A	592	126	N/A
1019	Abuse/Sexual Assault 12+ years	251	66	N/A	299	211	N/A
1020	Burn Moderate to Severe	174	41	N/A	112	102	N/A
1021	Minor Other Injuries	8,899	5,906	N/A	157	146	N/A
1022	Moderate Other Injuries	1,516	768	N/A	395	639	N/A
1024	Comas	17	4	N/A	401	372	N/A
1025	Shock	256	105	N/A	183	214	N/A
1026	Open Spinal Fracture & Dislocation	1	1	N/A	322	414	N/A
1027	Closed Spinal Fracture & Dislocation	337	108	N/A	322	304	N/A
1028	Diag Inv Head Injury	750	158	N/A	280	302	N/A
1029	Management Head Injury	3,195	998	N/A	89	110	N/A
1030	Diag Inv Thoraco-Abdominal & Major Vascular	147	33	N/A	378	336	N/A
1031	Management Thoraco-Abdominal & Major Vascular	1,108	432	N/A	116	125	N/A
1032	Burn Minor 0 < 6 years	345	206	N/A	99	123	N/A
1033	Burn Minor 6 + years	1,309	453	N/A	89	110	N/A
1034	Diag Inv Major Other Injuries	40	22	N/A	340	320	N/A
1035	Management Major Other Injuries	147	79	N/A	247	205	N/A
1051	Assessment Referral	1,125	909	N/A	62	173	N/A
1052	Assessment Intake	3,834	1,097	N/A	271	192	N/A
1053	Assessment Collateral	55	54	N/A	151	195	N/A
1054	Legal Assessment Half Day	1		N/A	188		N/A
1055	Legal Assessment Full Day	1		N/A	188		N/A
1056	Assessment Specialized	4,593	46	N/A	223	280	N/A
1057	Individual Therapy	31,138	25,694	N/A	85	68	N/A
1058	Crisis/Intervention Calls Telephone Crisis Calls	1		N/A	188		N/A

N/A - Not applicable

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Visited Clients			Average Cost		
		2002/2003	2001/2002	Standard	2002/2003	2001/2002	Standard
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	1		N/A	188		N/A
1060	Couple Therapy	263	18	N/A	171	200	N/A
1061	Family Therapy	864	215	N/A	126	143	N/A
1062	Group Therapy	91,272	14,538	N/A	25	44	N/A
1063	ECT	1,244	900	N/A	249	323	N/A
1064	Medication Administration	7,773	8,250	N/A	145	98	N/A
1065	Patient Specific Consultations/Case Supervision	10,422	3,665	N/A	81	90	N/A
1066	Patient Specific Hearings	1		N/A	188		N/A
1067	Patient Specific Professional Reports and Applications	1		N/A	188		N/A
1068	Patient Specific Critical Incident Documentation	1		N/A	188		N/A
1069	Diagnostic Testing/Scoring Testing Type 1	166	279	N/A	134	207	N/A
1070	Diagnostic Testing/Scoring Testing Type 2	207	114	N/A	381	531	N/A
1071	Diagnostic Testing/Scoring Testing Type 3	65	3	N/A	916	638	N/A
1072	Therapeutic Milieu Programs Half Day	745	426	N/A	69	15	N/A
1073	Therapeutic Milieu Programs Full Day	10		N/A	607		N/A
1074	Mental Health Education 0-120 min	12	103	N/A	31	73	N/A
1075	Mental Health Education 121-240 min	1		N/A	188		N/A
1076	Mental Health Education 241-360 min			N/A			N/A
1077	Mental Health Education 361-480 min			N/A			N/A
1101	OT Group 1	14,876	29,498	N/A	18	25	N/A
1102	OT Group 2	15,993	21,626	N/A	44	60	N/A
1103	OT Group 3	4,514	3,796	N/A	65	90	N/A
1104	OT Group 4	16,442	11,669	N/A	143	151	N/A
1105	OT Group 5	1,063	822	N/A	189	211	N/A
1106	OT Group 6	444	339	N/A	360	398	N/A
1111	Physical Therapy Group 1	26,008	44,098	N/A	31	32	N/A
1112	Physical Therapy Group 2	30,213	33,573	N/A	47	56	N/A
1113	Physical Therapy Group 3	6,369	6,729	N/A	60	70	N/A
1114	Physical Therapy Group 4	17,089	11,783	N/A	106	117	N/A
1115	Physical Therapy Group 5	626	425	N/A	165	184	N/A
1116	Physical Therapy Group 6	251	109	N/A	264	239	N/A
1121	Recreational Therapy Group 1	6,701	8,366	N/A	15	17	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases 2002/2003	Costed Cases 2001/2002	Costed Cases Blended	Average Cost 2002/2003	Average Cost 2001/2002	Average Cost Blended
1122	Recreational Therapy Group 2	4,189	2,782	N/A	34	41	N/A
1123	Recreational Therapy Group 3	195	71	N/A	49	66	N/A
1124	Recreational Therapy Group 4	1,161	1,069	N/A	92	97	N/A
1125	Recreational Therapy Group 5	32	31	N/A	119	153	N/A
1126	Recreational Therapy Group 6	12	4	N/A	159	254	N/A
1131	Speech-Language Pathology Group 1	4,105	36,356	N/A	32	54	N/A
1132	Speech-Language Pathology Group 2	6,928	4,767	N/A	67	154	N/A
1133	Speech-Language Pathology Group 3	200	483	N/A	81	69	N/A
1134	Speech-Language Pathology Group 4	8,553	3,249	N/A	170	147	N/A
1135	Speech-Language Pathology Group 5	3,503	4,273	N/A	299	141	N/A
1136	Speech-Language Pathology Group 6	238	144	N/A	397	198	N/A
1141	Audiology Group 1	118	3,193	N/A	40	26	N/A
1142	Audiology Group 2	1,880	3,288	N/A	83	91	N/A
1143	Audiology Group 3	5,050	4,217	N/A	234	200	N/A
1144	Audiology Group 4	84	127	N/A	443	424	N/A
1145	Audiology Group 5 - Cochlear Implant	1		N/A	188		N/A
1151	Resp Therapy Group 1	7,113	5,075	N/A	21	51	N/A
1152	Resp Therapy Group 2	6,791	7,745	N/A	43	95	N/A
1153	Resp Therapy Group 3	4,846	4,965	N/A	60	164	N/A
1154	Resp Therapy Group 4	7,233	4,436	N/A	135	227	N/A
1155	Resp Therapy Group 5	2,669	626	N/A	172	384	N/A
1156	Resp Therapy Group 6	3,321	492	N/A	358	486	N/A
1201	Clinical Nutrition Group 1	23,474	13,371	N/A	23	37	N/A
1202	Clinical Nutrition Group 2	12,179	11,215	N/A	59	62	N/A
1203	Clinical Nutrition Group 3	2,246	2,264	N/A	84	83	N/A
1204	Clinical Nutrition Group 4	10,053	6,495	N/A	159	150	N/A
1205	Clinical Nutrition Group 5	969	556	N/A	228	188	N/A
1206	Clinical Nutrition Group 6	223	60	N/A	339	256	N/A
1221	Social Work Group 1	13,584	21,164	N/A	53	50	N/A
1222	Social Work Group 2	7,403	8,016	N/A	122	106	N/A
1223	Social Work Group 3	876	642	N/A	188	189	N/A
1224	Social Work Group 4	514	184	N/A	321	267	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Cardiac Cases 2003/2004	Cardiac Cases 2004/2005	Cardiac Cases Blended	Average Cost 2003/2004	Average Cost 2004/2005	Average Cost Blended
1225	Social Work Group 5	63	20	N/A	362	425	N/A
1226	Social Work Group 6	9	1	N/A	577	319	N/A
1241	Psychology Group 1	8,613	20,364	N/A	63	52	N/A
1242	Psychology Group 2	2,848	3,640	N/A	202	196	N/A
1243	Psychology Group 3	518	291	N/A	255	257	N/A
1244	Psychology Group 4	2,381	1,903	N/A	533	384	N/A
1245	Psychology Group 5	116	19	N/A	659	566	N/A
1246	Psychology Group 6	22	8	N/A	742	364	N/A
1247	Psychology Group 7	1		N/A	188		N/A
1248	Psychology Group 8	1		N/A	188		N/A
1249	Psychology Group 9	1		N/A	188		N/A
2001	Critical Care Unit or O.R. with Secondary Diagnosis	617	505	N/A	329	461	N/A
2002	Critical Care Unit or O.R. without Secondary Diagnosis	1,009	820	N/A	443	395	N/A
2003	Other Unit with Secondary Diagnosis	8,665	5,327	N/A	252	408	N/A
2004	Other Unit without Secondary Diagnosis	11,850	9,944	N/A	240	343	N/A
2021	DOA	10	9	N/A	176	303	N/A
2022	Died During Visit	152	78	N/A	248	251	N/A
2023	Death - Organ Donor	1		N/A	188		N/A
2041	Patient Transferred with Secondary Diagnosis	1,235	561	N/A	258	521	N/A
2042	Patient Transferred without Secondary Diagnosis	1,224	716	N/A	232	458	N/A
2050	Diag Inv General Symptoms/Exam	7,425	5,856	N/A	282	245	N/A
2051	Management General Symptoms/Exam < 18 years	11,046	9,734	N/A	175	217	N/A
2052	Management General Symptoms/Exam 18 < 45 years	14,823	8,718	N/A	141	161	N/A
2053	Management General Symptoms/Exam 45 < 65 years	9,888	7,540	N/A	154	154	N/A
2054	Management General Symptoms/Exam 65+ years	13,837	8,154	N/A	162	175	N/A
2059	Prophylactic Vaccination	4,631	3,538	N/A	117	368	N/A
2060	Therapeutic Medical Counseling	8,803	4,815	N/A	142	124	N/A
2062	Preoperative Exam	30,613	29,841	N/A	206	223	N/A
2063	Private Practice Office Visit	3	5,709	N/A	131	26	N/A
2064	Therapy - No Intervention Code	10,313	5,808	N/A	126	38	N/A
2066	Contact/Carrier of Communicable Disease	434	964	N/A	179	159	N/A
2067	Health Hazard Related to Personal/Family History	1,308	722	N/A	930	1,477	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2002/2003	2001/2002	Blended	2002/2003	2001/2002	Blended
2068	Routine Health Supervision	9,757	7,817	N/A	80	100	N/A
2069	Postsurgical Status	15,437	8,367	N/A	132	85	N/A
2070	Follow-up/Convalescence	17,051	16,773	N/A	72	78	N/A
2071	Screening Exam	4,403	4,506	N/A	191	179	N/A
2072	Screening Exam - Genetics			N/A			N/A
2073	Genetic Counselling	1,958	1,325	N/A	868	1,296	N/A
2081	Non Registered Service Recipients			N/A			N/A
2082	Mode of Service - Telephone	141,300	116,502	N/A	48	39	N/A
2099	Patient Left Without Being Seen	1,200	591	N/A	86	259	N/A

N/A - Not applicable
Prepared by: Health Funding and Costing

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
1.1	Nerve & Other, Local Anaesthetic	1.321340	1,300	611	216	0.42	91
1.2	Nerve & Other, General Anaesthetic	6.883733	1,188	760	1,331	0.44	591
1.3	Nerve & Other, Other Anaesthetic	5.123044	1,542	134	890	0.36	320
1.4	Nerve & Other, No Anaesthetic	0.595089	949	780	114	0.61	69
2	Spinal	2.296050	3,339	1,796	437	0.79	347
3	Nerve Injection	0.539157	1,314	771	102	1.29	132
4	Orbital & Other Eye	6.426826	3,566	1,381	1,145	0.65	749
5	Lens Interventions	3.042599	22,777	6,960	573	0.55	314
6	Iris & Other Eye	0.608674	652	477	103	1.82	188
7	Strabismus	6.308917	1,083	851	1,235	0.28	344
8	External Eye	1.079739	32,333	13,631	183	2.05	376
9	Bronch/Pharynx	5.705563	67	32	1,101	0.52	570
10	Tympanoplasty	6.722880	954	598	1,297	0.44	570
11	Sinus Interventions	7.017063	1,668	970	1,274	0.38	482
12	Other Sinus	5.517815	411	69	1,006	0.63	629
13	Tonsils & Adenoids 12+ years	4.770596	1,784	795	862	0.41	357
13.1	Tonsils & Adenoids 0 < 6 years	5.301685	846	623	1,036	0.26	267
13.2	Tonsils & Adenoids 6 < 12 years	5.560656	1,351	945	1,068	0.22	236
14	Nasal Interventions	2.951467	5,186	2,921	539	1.02	553
15	Other Respiratory	3.579532	480	195	697	0.80	554
16	External Ear 18 + years	1.083370	3,081	460	185	1.24	229
16.1	External Ear 0 < 1.5 years	3.073988	489	312	605	0.32	193
16.2	External Ear 1.5 < 6 years	2.999676	1,643	942	589	0.42	249
16.3	External Ear 6 < 12 years	2.889702	897	455	565	0.57	321
16.4	External Ear 12 < 18 years	2.431447	334	112	473	0.73	344
17	Respiratory Endoscopy - ENT	2.855232	4,537	2,510	537	0.76	410
18	Pacemaker Implant	24.837523	735	454	4,737	0.79	3,732
19	Cardiac Catheter 18 + years	6.950945	9,444	3,593	1,388	0.40	558
19.1	Cardiac Catheter 0 < 6 years	14.907867	66	62	3,037	0.38	1,141
19.2	Cardiac Catheter 6 < 18 years	11.972705	107	101	2,443	0.40	975
20	Angiography 18 + years	7.047850	3,139	1,850	1,377	0.54	742

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
1.1	Nerve & Other, Local Anaesthetic	1.321340	1,300	611	216	0.42	91
1.2	Nerve & Other, General Anaesthetic	6.883733	1,188	760	1,331	0.44	591
1.3	Nerve & Other, Other Anaesthetic	5.123044	1,542	134	890	0.36	320
1.4	Nerve & Other, No Anaesthetic	0.595089	949	780	114	0.61	69
2	Spinal	2.296050	3,339	1,796	437	0.79	347
3	Nerve Injection	0.539157	1,314	771	102	1.29	132
4	Orbital & Other Eye	6.426826	3,566	1,381	1,145	0.65	749
5	Lens Interventions	3.042599	22,777	6,960	573	0.55	314
6	Iris & Other Eye	0.608674	652	477	103	1.82	188
7	Strabismus	6.308917	1,083	851	1,235	0.28	344
8	External Eye	1.079739	32,333	13,631	183	2.05	376
9	Bronch/Pharynx	5.705563	67	32	1,101	0.52	570
10	Tympanoplasty	6.722880	954	598	1,297	0.44	570
11	Sinus Interventions	7.017063	1,668	970	1,274	0.38	482
12	Other Sinus	5.517815	411	69	1,006	0.63	629
13	Tonsils & Adenoids 12+ years	4.770596	1,784	795	862	0.41	357
13.1	Tonsils & Adenoids 0 < 6 years	5.301685	846	623	1,036	0.26	267
13.2	Tonsils & Adenoids 6 < 12 years	5.560656	1,351	945	1,068	0.22	236
14	Nasal Interventions	2.951467	8,186	2,921	539	1.02	553
15	Other Respiratory	3.579532	480	195	697	0.80	554
16	External Ear 18 + years	1.083370	3,081	460	185	1.24	229
16.1	External Ear 0 < 1.5 years	3.073988	489	312	605	0.32	193
16.2	External Ear 1.5 < 6 years	2.999676	1,643	942	589	0.42	249
16.3	External Ear 6 < 12 years	2.889702	897	455	565	0.57	321
16.4	External Ear 12 < 18 years	2.431447	334	112	473	0.73	344
17	Respiratory Endoscopy - ENT	2.855232	4,537	2,510	537	0.76	410
18	Pacemaker Implant	24.837523	735	454	4,737	0.79	3,732
19	Cardiac Catheter 18 + years	6.950945	9,444	3,593	1,388	0.40	558
19.1	Cardiac Catheter 0 < 6 years	14.907867	66	62	3,037	0.38	1,141
19.2	Cardiac Catheter 6 < 18 years	11.972705	107	101	2,443	0.40	975
20	Angiography 18 + years	7.047850	3,139	1,850	1,377	0.54	742

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWKV	2002/2003 Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
20.1	Angiography 0 < 6 years	6.104478	5	4	1,254	0.62	776
20.2	Angiography 6 < 12 years	5.137789	9	8	1,055	0.56	595
20.3	Angiography 12 < 18 years	4.570108	41	33	921	0.52	481
21	Vascular Interventions 18 + years	4.074101	9,198	1,477	792	0.87	688
21.1	Vascular Interventions 0 < 18 years	3.260080	667	216	636	0.74	471
22	Other Vascular Interventions	5.995370	1,498	864	960	0.56	537
23.1	Lymphatic Interventions, Local Anaesthetic	1.373630	92	15	237	0.31	74
23.2	Lymphatic Interventions, General Anaesthetic	9.783062	682	434	1,910	0.47	901
23.3	Lymphatic Interventions, Other Anaesthetic	4.962397	105	27	901	0.29	262
23.4	Lymphatic Interventions, No Anaesthetic	1.262122	215	132	236	0.86	203
24	Minor Vascular	1.742408	86,467	6,716	329	0.73	239
25	Cholecystectomy	8.503414	2,915	1,823	1,499	0.36	537
26	Hernia	7.026547	5,745	3,045	1,263	0.33	419
27	ERCP	4.212737	1,962	1,001	832	0.54	446
28.1	Endoscopy GI - Low	2.359994	262	137	456	0.74	338
28.2	Endoscopy GI - Medium	2.071662	57,233	25,733	388	0.62	242
28.3	Endoscopy GI - High	2.285066	6,568	2,914	428	0.59	251
29.1	Ano-Rectal Interventions, Local Anaesthetic	0.790286	226	39	139	0.53	74
29.2	Ano-Rectal Interventions, General Anaesthetic	5.065520	942	436	913	0.32	291
29.3	Ano-Rectal Interventions, Other Anaesthetic	2.420727	2,037	798	449	0.59	265
29.4	Ano-Rectal Interventions, No Anaesthetic	0.987889	1,140	344	177	0.59	105
30.1	Minor Anal Interventions, Local Anaesthetic	0.789862	335	128	142	0.63	90
30.2	Minor Anal Interventions, General Anaesthetic	5.314624	347	165	1,042	0.46	476
30.3	Minor Anal Interventions, Other Anaesthetic	2.341116	600	371	428	0.52	224
30.4	Minor Anal Interventions, No Anaesthetic	1.483712	2,803	1,236	276	0.75	205
31	Mechanical Implants	10.129271	59	42	2,006	0.54	1,085
32	Lithotripsy	3.542465	2,865	2,563	639	0.21	132
33	Upper Urinary Interventions	5.519931	845	622	1,023	0.53	541
34.1	Lower Uri & Genital	5.971969	1,418	1,026	1,134	0.45	507
34.2	Reconstruction, Vas Deferens	9.736172	89	30	1,798	0.46	835
35.1	Bladder & Urethral Interventions, Local Anaesthetic	1.222799	15,407	13,183	218	0.66	143

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	2002/2003 Average Cost	2002/2003 Coefficient of Variation	2002/2003 Standard Deviation
35.2	Bladder & Urethral Interventions, General Anaesthetic	4.770462	1,704	1,194	871	0.45	393
35.3	Bladder & Urethral Interventions, Other Anaesthetic	3.310697	2,854	1,208	623	0.51	320
35.4	Bladder & Urethral Interventions, No Anaesthetic	1.705036	11,648	4,727	315	0.83	261
36.1	Vasectomy	1.940829	3,172	1,342	342	0.77	264
36.2	Other Male Genital Interventions	5.754912	646	442	1,061	0.29	309
37	Circumcision 18 + years	4.592402	390	232	804	0.48	388
37.1	Circumcision 0 < 1.5 years	0.919071	2,273	1,036	171	0.90	153
37.2	Circumcision 1.5 < 6 years	4.489374	308	185	870	0.21	181
37.3	Circumcision 6 < 12 years	4.543052	218	150	862	0.24	211
37.4	Circumcision 12 < 18 years	4.958666	73	55	913	0.32	291
38	Uro Diagnostic Interventions	1.179089	4,201	3,280	235	0.38	89
39	Uterus & Adnexal Intervention	6.093589	5,488	2,756	1,096	0.44	482
40	Endo & Gyn Interventions	4.187156	7,547	2,977	734	0.39	289
41	Minor Gyn Interventions	1.099022	17,441	5,640	204	0.99	201
42	Evacuations	2.727693	14,221	3,314	506	0.47	239
43	Maxillo-Facial	7.647819	560	152	1,368	0.65	890
44	Chest Wall Interventions	5.251677	353	134	980	0.55	542
45.1	Upper Extremity Interventions	4.629333	1,405	564	840	0.73	612
45.2	Shoulder Interventions	9.424426	1,190	436	1,631	0.36	588
46	Open Reductions	6.984489	865	388	1,344	0.52	706
47	Tendon & Muscle Interventions	4.063527	4,373	1,450	757	0.87	661
48	Closed Reductions	1.869432	9,354	4,051	348	0.66	229
49	Lower Extremity	5.662452	133	81	1,050	0.50	527
50	Knee Interventions	6.225634	7,596	3,486	1,100	0.44	482
51	Ankle & Foot	6.573278	1,977	889	1,224	0.54	663
52.1	Remove Int Fixation, Lower Extremity	3.814036	1,388	858	710	0.70	496
52.2	Other Removal, Int Fixation	1.774080	1,350	780	336	1.02	341
53	Soft Tissue Interventions	2.877086	3,465	1,055	526	1.01	532
54	Manipulations	0.794233	17,286	12,327	145	0.54	78
55	Mastectomy	2.671040	1,186	245	475	1.13	537
56.1	Augment/Reduc Breast Bilateral	11.057558	1,251	711	2,147	0.27	587

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
56.2	Augment/Reduc Breast Unilateral	8.958205	385	168	1,710	0.37	625
57	Breast Plastic Interventions	4.076811	2,400	982	723	0.80	582
58.1	Ear & Cleft Lip Reconstruction	7.729270	39	25	1,487	0.36	532
58.2	Face Rhytidectomy	11.290125	122	16	2,085	0.65	1,345
58.3	Other Plastic Reconstruction	4.929800	3,246	795	954	0.69	660
59.1	Skin Interventions, Local Anaesthetic	0.728476	43,279	11,454	129	0.80	103
59.2	Skin Interventions, General Anaesthetic	5.741941	3,131	998	1,078	0.54	583
59.3	Skin Interventions, Other Anaesthetic	0.992087	12,975	1,938	182	0.76	139
59.4	Skin Interventions, No Anaesthetic	0.795993	39,104	9,585	143	0.86	122
60	Dental Surgery	6.388566	9,864	1,415	1,264	0.53	669
61.1	Biopsy, Other	3.580603	1,204	676	714	0.65	461
61.2	Biopsy, Percutaneous	3.340895	7,721	3,750	650	0.85	553
62	Hemodialysis	1.437659	153,798	86,386	295	0.53	156
62.1	Home Hemodialysis Teaching	6.959380	24	24	1,429	0.41	592
62.2	Selfcare Hemodialysis						
63	Transfusions	2.373027	16,437	7,161	451	0.66	296
64	Cardioversion	2.988040	1,522	648	568	1.02	578
65	Chemotherapy Oncology	1.377366	2,027	557	274	0.68	186
66	Myelogram	2.887487	229	61	565	0.48	269
68	Thyroid Interventions	10.180868	75	46	2,010	0.50	1,008
69	Parotid Duct Interventions	11.285834	60	23	2,166	0.72	1,554
70	Appendectomy	8.826984	44	11	1,660	0.37	620
71	Gastro-Intestinal Related Interventions	1.547723	2,119	1,052	268	0.77	208
72	Peritoneal Dialysis	1.427268	1,036	12	289	0.86	248
72.1	Home Peritoneal Dialysis Teaching	0.471440	2,606	177	97	1.07	104
73	Hos Visit Including Diagnostic Investigation of Vascular Sys	1.633376	2	1	338	-	0
74	Hospital Visit Including Nuclear Imaging	3.487676	28,684	9,111	689	0.50	345
75	Hospital Visit Including CAT Scan	2.154517	112,335	47,202	418	0.75	314
76	Hospital Visit Including MRI	3.174560	51,108	32,734	570	0.52	295
77	Hopsital Visit Radiotherapy	1.691554	420	352	338	0.08	29
78	Chest Xray	0.476654	61,590	10,915	82	0.51	42

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	2002/2003 Average Cost	2002/2003 Coefficient of Variation	2002/2003 Standard Deviation
79	Other Xray	0.667957	154,423	26,396	116	0.84	98
80	Mammogram	0.926939	3,707	552	136	0.28	38
81	Ultrasound	1.516268	59,986	17,777	272	0.69	188
82.1	Extensive Sleep Studies	4.686213	1,748	1,282	963	0.23	225
82.2	Other Sleep Labs	1.160560	699	698	228	0.53	121
83	Inner Ear	10.730964	41	20	2,075	0.60	1,254
99	Ungroupables - Based on Interventions	5.155181	874	536	928	0.46	423
201	Diag Inv General Cardiac 0 < 12 years	1.331709	385	233	262	0.47	123
203	Diag Inv General Cardiac 12 < 18 years	1.359175	327	187	260	0.48	124
205	Diag Inv General Cardiac 18+ years	1.496885	19,018	9,885	278	0.74	207
206	Management General Cardiac 0 < 1.5 years	0.487055	1,984	154	97	0.86	84
207	Management General Cardiac 1.5 < 12 years	0.543180	3,709	506	109	0.71	78
208	Management General Cardiac 12 < 18 years	0.504711	2,239	324	99	0.75	75
210	Management General Cardiac 18+ years	0.500024	50,777	28,683	96	0.99	94
213	Dysrhythmia & Conductive Disorders	1.294856	15,956	6,518	239	0.86	206
214	Congestive Heart Failure	1.206880	7,487	3,525	227	0.88	200
215	Inflammatory Cardiac	1.163454	219	90	218	0.92	201
216	Congenital Heart Disease	1.268846	2,821	2,164	260	0.57	147
217	Diag Inv Angina	2.551706	7,602	4,047	470	1.37	642
218	Management Angina	0.398010	14,156	9,705	78	1.31	103
219	Diag Inv Vascular	2.051980	1,493	747	388	0.55	212
220	Management Vascular	0.728758	7,134	2,630	134	1.10	147
251	Diag Inv General Endocrinal 0 < 18 years	1.006630	157	133	203	0.62	125
254	Diag Inv General Endocrinal 18 + years	2.135524	236	107	399	0.61	243
255	Management General Endocrinal 0 < 1.5 years	0.454184	425	273	89	1.41	125
256	Management General Endocrinal 1.5 < 6 years	0.484813	439	307	97	1.16	112
257	Management General Endocrinal 6 < 18 years	0.321646	759	596	65	1.17	75
258	Management General Endocrinal 18 + years	0.363551	7,415	4,417	67	1.00	66
259	Management Diabetes < 18 years	0.971130	6,746	2,337	198	0.54	107
260	Management Diabetes 18 + years	0.507240	31,574	20,073	95	0.91	87
262	Thyrotoxicosis	0.328780	1,194	901	65	1.14	74

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
264	Management Ketoacidosis	1.894234	289	116	363	0.59	214
266	Fluid & Electrolyte < 6 years	1.431759	415	266	274	0.56	154
267	Fluid & Electrolyte 6 + years	1.645360	3,807	2,106	309	0.70	217
301	Diag Inv General ENT	1.245449	8,671	3,661	221	0.46	101
303	Management General ENT	0.586570	133,800	25,795	107	2.23	238
305	Otitis Media	0.449879	35,988	8,194	81	0.77	62
306	Epistaxis	0.628529	3,686	1,049	115	0.87	100
351	Diag Inv General Female Genital Disorders < 45 years	3.318202	963	481	604	0.53	318
352	Diag Inv General Female Genital Disorders 45 + years	2.083419	167	98	373	0.89	331
353	Management General Female Genital Disorders < 18 years	0.770749	2,108	638	135	0.96	130
354	Management General Female Genital Disorders 18 < 45 years	0.600056	15,875	7,865	106	1.28	137
355	Management General Female Genital Disorders 45 + years	0.526100	4,811	2,457	95	1.09	103
356	Management Contraceptive	0.648031	7,417	2,691	123	1.44	178
357	Diag Inv General Male Genital Disorders < 18 years	1.763165	145	99	346	0.42	145
358	Diag Inv General Male Genital Disorders 18 + years	1.895593	437	214	344	0.61	210
359	Management General Male Genital Disorders < 18 years	0.452981	2,033	821	86	0.80	68
360	Management General Male Genital Disorders 18 + years	0.435493	5,463	2,051	77	1.21	94
361	Diag Inv Other Genitourological Disorders < 18 years	1.748512	656	289	324	0.53	171
362	Diag Inv Other Genitourological Disorders 18 + years	2.044811	7,070	2,764	366	0.54	199
363	Management Other Genitourological Disorders < 18 years	0.623681	12,224	3,251	117	0.88	103
364	Management Other Genitourological Disorders 18 + years	0.619652	60,885	19,564	116	1.66	192
400	Diag Inv General Gastrointestinal 0 < 1.5 years	1.494715	730	498	285	0.57	162
401	Diag Inv General Gastrointestinal 1.5 < 6 years	1.399628	1,233	696	259	0.51	132
402	Diag Inv General Gastrointestinal 6 < 18 years	1.647024	3,379	1,787	300	0.55	165
403	Diag Inv General Gastrointestinal 18 < 45 years	2.372749	10,529	4,694	423	0.51	218
404	Diag Inv General Gastrointestinal 45 < 65 years	2.239620	5,846	2,404	403	0.45	183
405	Diag Inv General Gastrointestinal 65 + years	2.418571	6,000	2,405	440	0.46	201
406	Management General Gastrointestinal 0 < 1.5 years	0.533536	12,297	5,520	99	0.75	75
407	Management General Gastrointestinal 1.5 < 6 years	0.567114	12,931	5,073	105	0.80	84
408	Management General Gastrointestinal 6 < 18 years	0.622159	20,728	6,083	115	0.82	94
409	Management General Gastrointestinal 18 < 45 years	0.788717	62,328	15,912	139	1.21	168

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	2002/2003 Average Cost	2002/2003 Coefficient of Variation	2002/2003 Standard Deviation
410	Management General Gastrointestinal 45 < 65 years	0.733404	29,949	6,770	133	1.81	240
411	Management General Gastrointestinal 65 + years	0.769910	17,761	3,588	139	0.93	129
412	Constipation with Disimpaction	1.755034	103	46	306	0.64	195
413	GI Bleed/Perforation/Obstruction	1.657778	5,654	2,170	306	0.83	255
451	Diag Inv Hematological	2.085696	1,256	687	402	0.58	235
452	Management Hematological 0 < 6 years	0.980184	1,919	715	199	1.01	201
453	Management Hematological 6 < 12 years	1.368114	1,378	401	273	0.93	255
454	Management Hematological 12 < 18 years	1.389083	1,281	651	284	0.97	275
455	Management Hematological 18 < 65 years	0.828688	8,218	4,994	165	1.22	200
456	Management Hematological 65 + years	0.760036	3,546	2,105	150	1.25	187
501	Diag Inv Hepatobiliary	2.792657	2,882	1,495	517	0.45	232
502	Management Hepatobiliary	0.488523	11,389	6,031	91	1.30	118
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	1.690940	81	60	337	0.74	250
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	1.202229	102	57	233	0.45	105
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	1.579781	207	82	308	1.52	468
555	Diag Inv Inflam Musculoskeletal 18 + years	1.467999	5,699	1,972	274	0.64	175
556	Diag Inv Other Musculoskeletal < 18 years	0.824362	17,683	5,216	155	0.55	84
557	Diag Inv Other Musculoskeletal 18 + years	0.876271	51,240	26,720	165	0.63	104
558	Management Inflam Musculoskeletal 0 < 6 years	0.514593	294	137	105	0.79	83
560	Management Inflam Musculoskeletal 6 < 12 years	0.469046	574	235	94	0.79	74
561	Management Inflam Musculoskeletal 12 < 18 years	0.491469	858	259	96	1.95	188
562	Management Inflam Musculoskeletal 18 + years	0.368891	28,812	12,676	70	1.31	92
563	Management Other Musculoskeletal < 18 years	0.331748	19,373	5,441	61	1.45	89
564	Management Other Musculoskeletal 18 + years	0.289167	98,829	38,100	53	1.74	92
565	Diag Inv Congenital Musculoskeletal Deformities	1.113967	139	30	224	0.69	155
566	Management Congenital Musculoskeletal Deformities	0.749795	1,223	276	152	0.90	138
567	Diag Inv Other Inflam Musculoskeletal	1.258615	2,820	875	219	0.51	112
568	Management Other Inflam Musculoskeletal	0.411776	12,285	2,764	73	1.17	85
569	Infectious Musculoskeletal	0.797570	2,567	1,634	156	1.46	226
601	Diag Inv General Neurology	1.569853	2,187	758	298	0.66	197
602	Management General Neurology 0 < 6 years	0.599291	3,900	951	125	1.05	131

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	2002/2003 Average Cost	2002/2003 Coefficient of Variation	2002/2003 Standard Deviation
603	Management General Neurology 6 < 12 years	0.628387	3,848	881	131	1.03	135
604	Management General Neurology 12 < 18 years	0.590030	3,325	458	120	1.15	139
605	Management General Neurology 18 < 65 years	0.558444	15,137	5,144	106	1.34	142
606	Management General Neurology 65 + years	0.782345	4,561	1,511	153	1.06	162
607	Migraine Headache	0.547237	22,859	5,986	96	0.78	75
608	Diag Inv Headache	1.447598	622	207	247	0.47	117
609	Management Headache	0.566075	15,388	4,139	99	0.81	80
610	Diag Inv Meningitis	2.220625	35	16	403	0.50	202
611	Management Meningitis	0.548739	195	107	105	0.88	92
612	Diag Inv Cerebrovascular	2.124295	2,240	681	393	0.49	192
613	Management Cerebrovascular	0.929616	11,205	3,721	177	0.85	150
614	Diag Inv Convulsions	1.725482	796	318	319	0.54	172
615	Management Convulsions	0.556275	9,104	5,526	108	1.13	122
616	Diag Inv Vertigo	1.906795	673	238	340	0.46	155
617	Management Vertigo	0.895616	8,484	2,365	163	0.67	110
651	Antepartum Routine	0.953145	10,457	1,953	148	0.99	148
652	Postpartum Routine	1.020616	1,051	801	183	0.62	113
653	Diag Inv Neonatal & Congenital	1.534526	203	130	293	0.49	144
654	Management Neonatal & Congenital	0.702659	2,915	1,263	138	1.22	167
656	Delivery with Postpartum Complications	0.705460	68	13	124	0.62	77
657	Delivery without PostpartumComplications	0.905643	107	28	163	1.43	234
658	Postpartum Conditions Outcomes Uncomplicated	0.686952	4,175	1,916	125	1.21	151
659	Diag Inv Pregnancy with Abortive	3.545703	879	368	653	0.35	230
660	Management Pregnancy with Abortive Outcomes Uncomp	1.177655	2,221	829	212	0.60	126
662	Diag Inv Antepartum	2.091219	2,571	1,909	398	0.50	201
663	Management Antepartum	0.784344	35,878	17,998	145	1.00	144
664	Diag Inv Pregnancy with Abortive Outcomes Complica	3.776467	211	54	703	0.40	283
665	Management Pregnancy with AbortiveOutcomes Complic	1.335269	433	142	233	0.64	150
701	Diag Inv Oncological	2.045935	1,580	540	383	0.72	275
702	Management Oncological	0.663237	13,670	2,210	126	1.67	210
703	Radiotherapy (includes diagnosis code V58.0)	0.519133	29	2	85	0.09	8

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
704	IV Therapy -- Non Cancer Related	0.607352	125,488	31,864	107	0.99	106
751	Diag Inv Ophthalmology 0 < 12 years	1.154726	133	108	218	0.69	151
752	Diag Inv Opthalmology 12 < 18 years	1.071863	79	70	202	1.15	234
753	Diag Inv Ophthalmology 18 < 45 years	1.107738	816	719	207	1.42	295
754	Diag Inv Ophthalmology 45 + years	0.885845	4,850	4,572	169	0.51	86
755	Management Ophthalmology 0 < 12 years	0.423587	8,904	4,212	83	0.73	60
756	Management Ophthalmology 12 < 18 years	0.404721	2,660	1,208	76	0.80	61
757	Management Ophthalmology 18 < 45 years	0.448237	14,007	6,690	80	1.26	101
758	Management Ophthalmology 45 + years	0.535162	26,911	19,651	93	0.99	92
801	Diag Inv Psychiatry	1.809987	1,634	671	339	0.59	199
802	Management Psychiatry	0.683976	90,599	27,198	136	1.45	197
803	Drug & Alcohol Related Conditions	1.334741	12,375	4,232	245	0.65	160
851	Diag Inv General Respiratory < 18 years	1.374121	10,773	5,017	250	0.45	112
852	Diag Inv General Respiratory 18 + years	1.790522	30,856	10,936	321	0.53	169
853	Management General Respiratory 0 < 1.5 years	0.660926	9,164	3,132	125	0.72	91
854	Management General Respiratory 1.5 < 6 years	0.676981	13,335	4,784	128	0.76	97
855	Management General Respiratory 6 < 18 years	0.683898	15,856	4,565	130	0.75	98
856	Management General Respiratory 18 < 65 years	0.703286	33,966	7,921	129	0.86	112
857	Management General Respiratory 65 + years	1.062575	9,492	3,036	204	0.69	142
863	Diag Inv Severe Respiratory Disease	2.205508	1,121	528	418	0.46	194
864	Management Severe Respiratory Disease	1.334685	1,616	592	258	0.53	138
901	Diag Inv Skin & Soft Tissue	1.364578	12,248	4,478	249	0.60	150
902	Management Skin & Soft Tissue	0.453082	140,371	38,383	83	1.09	90
906	Cellulitis	0.803431	17,686	5,648	147	1.05	155
951	Diag Inv Systemic Infection	1.653078	3,864	1,958	304	0.53	161
952	Management Systemic Infection < 18 years	0.597935	15,588	6,735	110	0.68	75
953	Management Systemic Infection 18 < 45 years	0.701663	3,971	1,218	127	0.94	119
954	Management Systemic Infection 45 + years	0.612714	1,777	612	113	1.04	118
955	Diag Inv AIDS	1.892949	165	155	379	0.72	274
956	Management AIDS	0.903044	6,233	3,008	183	1.04	191
999	Ungroupable	1.058979	1,160	246	205	0.97	200

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
1001	Open Fracture Fingers & Toes	1.442965	417	92	274	0.55	152
1002	Closed Fracture Fingers & Toes	0.833585	7,596	2,523	149	0.58	87
1003	Fractured Nose, Open & Closed	0.848684	1,483	396	150	0.76	115
1004	Open Fracture & Dislocations Other	1.463118	1,640	541	269	0.71	192
1005	Closed Fracture & Dislocations Other	1.313556	48,445	14,653	239	0.72	173
1007	Open Wounds without Complications	0.607804	27,766	6,911	108	0.86	93
1008	Open Wound with Complications	0.783543	3,909	979	140	0.95	133
1009	Sprains	0.944432	70,438	18,776	165	0.63	104
1010	Contusions Fingers/Toes	0.791391	5,899	1,363	137	0.50	68
1011	Contusions except Fingers/Toes	0.904180	41,263	11,184	158	0.75	118
1012	Open Wound Eye	0.562758	1,040	332	104	0.92	95
1013	Foreign Body Eyes, Ears, Nose	0.465244	4,885	1,110	84	0.80	67
1014	Foreign Body except Eyes, Ears, Nose	0.996093	2,267	859	184	0.76	139
1015	Diag Inv Poisoning	2.404067	885	348	441	0.69	305
1016	Management Poisoning	1.150854	12,261	4,338	213	0.81	173
1017	Amputation except Fingers/Toes	2.117906	17	5	425	0.76	324
1018	Abuse/Sexual Assault 0 < 12 years	2.905494	413	269	592	0.91	537
1019	Abuse/Sexual Assault 12+ years	1.626466	672	251	299	0.91	273
1020	Burn Moderate to Severe	0.604189	633	174	112	0.96	108
1021	Minor Other Injuries	0.869918	27,460	8,899	157	0.88	139
1022	Moderate Other Injuries	2.048997	4,416	1,516	395	2.40	951
1024	Comas	2.274900	78	17	401	0.37	150
1025	Shock	1.005019	663	256	183	0.69	126
1026	Open Spinal Fracture & Dislocation	1.556057	4	1	322	-	0
1027	Closed Spinal Fracture & Dislocation	1.816743	1,575	337	322	0.61	195
1028	Diag Inv Head Injury	1.625738	3,454	750	280	0.61	170
1029	Management Head Injury	0.482407	10,224	3,195	89	0.77	68
1030	Diag Inv Thoraco-Abdominal & Major Vascular	2.119321	620	147	378	0.73	276
1031	Management Thoraco-Abdominal & Major Vascular	0.666499	4,120	1,108	116	0.93	108
1032	Burn Minor 0 < 6 years	0.535812	1,085	345	99	0.64	64
1033	Burn Minor 6 + years	0.495627	5,958	1,309	89	0.90	80

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
1034	Diag Inv Major Other Injuries	1.907305	121	40	340	0.46	156
1035	Management Major Other Injuries	1.230023	339	147	247	1.43	353
1051	Assessment Referral	0.324456	1,225	1,125	62	1.20	74
1052	Assessment Intake	1.359191	9,848	3,834	271	0.75	204
1053	Assessment Collateral	0.797224	760	55	151	0.50	75
1054	Legal Assessment Half Day	0.908505	397	1	188	-	0
1055	Legal Assessment Full Day	0.908505	35	1	188	-	0
1056	Assessment Specialized	1.264972	7,094	4,593	223	0.84	188
1057	Individual Therapy	0.429336	92,984	31,138	85	1.02	87
1058	Crisis/Intervention Calls Telephone Crisis Calls	0.908505	81	1	188	-	0
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	0.908505	463	1	188	-	0
1060	Couple Therapy	0.898007	1,299	263	171	0.57	98
1061	Family Therapy	0.628157	2,598	864	126	0.74	93
1062	Group Therapy	0.125509	217,421	91,272	25	1.14	28
1063	ECT	1.330436	1,800	1,244	249	0.50	124
1064	Medication Administration	0.711635	24,053	7,773	145	0.57	83
1065	Patient Specific Consultations/Case Supervision	0.435863	28,441	10,422	81	1.27	103
1066	Patient Specific Hearings	0.908505	8	1	188	-	0
1067	Patient Specific Professional Reports and Applications	0.908505	2,112	1	188	-	0
1068	Patient Specific Critical Incident Documentation	0.908505	4	1	188	-	0
1069	Diagnostic Testing/Scoring Testing Type 1	0.716875	661	166	134	0.51	69
1070	Diagnostic Testing/Scoring Testing Type 2	1.950456	496	207	381	0.48	183
1071	Diagnostic Testing/Scoring Testing Type 3	4.531567	494	65	916	0.38	346
1072	Therapeutic Milieu Programs Half Day	0.336089	10,199	745	69	0.53	37
1073	Therapeutic Milieu Programs Full Day	2.953525	36	10	607	0.14	83
1074	Mental Health Education 0-120 min	0.170246	241	12	31	0.65	20
1075	Mental Health Education 121-240 min	0.908505	30	1	188	-	0
1076	Mental Health Education 241-360 min						
1077	Mental Health Education 361-480 min						
1101	OT Group 1	0.087796	32,838	14,876	18	0.82	15
1102	OT Group 2	0.216185	42,295	15,993	44	0.94	42

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	2002/2003 Average Cost	2002/2003 Coefficient of Variation	2002/2003 Standard Deviation
1103	OT Group 3	0.327405	11,019	4,514	65	0.46	29
1104	OT Group 4	0.687557	50,264	16,442	143	0.99	141
1105	OT Group 5	0.937334	3,920	1,063	189	1.12	211
1106	OT Group 6	1.754538	1,343	444	360	0.69	250
1111	Physical Therapy Group 1	0.152229	259,839	26,008	31	0.94	29
1112	Physical Therapy Group 2	0.241897	223,858	30,213	47	0.51	24
1113	Physical Therapy Group 3	0.314663	46,857	6,369	60	0.40	24
1114	Physical Therapy Group 4	0.525489	105,167	17,089	106	0.60	64
1115	Physical Therapy Group 5	0.818707	5,516	626	165	0.54	89
1116	Physical Therapy Group 6	1.275333	629	251	264	0.55	144
1121	Recreational Therapy Group 1	0.074752	10,689	6,701	15	0.48	7
1122	Recreational Therapy Group 2	0.162650	7,162	4,189	34	0.40	14
1123	Recreational Therapy Group 3	0.234239	503	195	49	0.32	16
1124	Recreational Therapy Group 4	0.436940	3,661	1,161	92	0.50	46
1125	Recreational Therapy Group 5	0.563458	118	32	119	0.31	36
1126	Recreational Therapy Group 6	0.747311	42	12	159	0.27	43
1131	Speech-Language Pathology Group 1	0.152637	27,869	4,105	32	1.23	40
1132	Speech-Language Pathology Group 2	0.317233	92,271	6,928	67	0.75	51
1133	Speech-Language Pathology Group 3	0.391257	3,701	200	81	0.46	37
1134	Speech-Language Pathology Group 4	0.805131	93,432	8,553	170	0.74	126
1135	Speech-Language Pathology Group 5	1.431726	27,483	3,503	299	0.71	212
1136	Speech-Language Pathology Group 6	1.961571	1,084	238	397	0.63	249
1141	Audiology Group 1	0.207438	1,280	118	40	0.34	14
1142	Audiology Group 2	0.438184	6,831	1,880	83	0.28	23
1143	Audiology Group 3	1.226319	11,571	5,050	234	0.69	161
1144	Audiology Group 4	2.168860	84	84	443	0.38	168
1145	Audiology Group 5 - Cochlear Implant	0.908505	213	1	188	-	0
1151	Resp Therapy Group 1	0.117915	17,369	7,113	21	1.13	24
1152	Resp Therapy Group 2	0.240498	16,236	6,791	43	0.80	34
1153	Resp Therapy Group 3	0.328429	10,131	4,846	60	0.57	34
1154	Resp Therapy Group 4	0.714405	21,944	7,233	135	0.67	91

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
1155	Resp Therapy Group 5	0.958492	4,022	2,669	172	0.57	98
1156	Resp Therapy Group 6	1.895703	3,856	3,321	358	0.72	260
1201	Clinical Nutrition Group 1	0.115846	33,026	23,474	23	0.68	16
1202	Clinical Nutrition Group 2	0.302113	25,994	12,179	59	0.62	37
1203	Clinical Nutrition Group 3	0.422524	5,344	2,246	84	0.66	56
1204	Clinical Nutrition Group 4	0.811865	26,438	10,053	159	0.65	104
1205	Clinical Nutrition Group 5	1.168714	2,328	969	228	0.88	199
1206	Clinical Nutrition Group 6	1.681465	551	223	339	0.77	260
1221	Social Work Group 1	0.256840	24,581	13,584	53	0.93	50
1222	Social Work Group 2	0.604525	9,631	7,403	122	0.76	93
1223	Social Work Group 3	0.956034	1,011	876	188	0.61	114
1224	Social Work Group 4	1.556570	824	514	321	0.58	188
1225	Social Work Group 5	1.836115	76	63	362	0.45	163
1226	Social Work Group 6	2.790838	9	9	577	0.30	170
1241	Psychology Group 1	0.295437	17,309	8,613	63	1.16	73
1242	Psychology Group 2	0.958002	5,861	2,848	202	0.70	142
1243	Psychology Group 3	1.204449	633	518	255	0.54	137
1244	Psychology Group 4	2.508047	3,131	2,381	533	0.60	318
1245	Psychology Group 5	3.113181	119	116	659	0.62	412
1246	Psychology Group 6	3.484459	23	22	742	0.38	280
1247	Psychology Group 7	0.908505	45	1	188	-	0
1248	Psychology Group 8	0.908505	7	1	188	-	0
1249	Psychology Group 9	0.908505	2	1	188	-	0
2001	Critical Care Unit or O.R. with Secondary Diagnosis	1.799101	1,779	617	329	1.54	507
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2.393925	2,711	1,009	443	1.57	695
2003	Other Unit with Secondary Diagnosis	1.328632	32,716	8,665	252	0.74	186
2004	Other Unit without Secondary Diagnosis	1.274477	46,759	11,850	240	0.89	213
2021	DOA	0.949262	494	10	176	2.05	360
2022	Died During Visit	1.472710	600	152	248	2.36	586
2023	Death - Organ Donor	0.908505	9	1	188	-	0
2041	Patient Transferred with Secondary Diagnosis	1.487463	5,687	1,235	258	0.89	229

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2002/2003 Activity	2002/2003 Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
2042	Patient Transferred without Secondary Diagnosis	1.340351	5,000	1,224	232	1.14	263
2050	Diag Inv General Symptoms/Exam	1.466097	12,095	7,425	282	0.62	175
2051	Management General Symptoms/Exam < 18 years	0.864301	21,547	11,046	175	1.56	273
2052	Management General Symptoms/Exam 18 < 45 years	0.731598	36,466	14,823	141	1.25	177
2053	Management General Symptoms/Exam 45 < 65 years	0.785606	22,553	9,888	154	1.19	184
2054	Management General Symptoms/Exam 65+ years	0.807389	25,370	13,837	162	1.19	192
2059	Prophylactic Vaccination	0.633699	19,506	4,631	117	0.94	110
2060	Therapeutic Medical Counseling	0.739801	96,160	8,803	142	1.40	199
2062	Preoperative Exam	1.104419	74,275	30,613	206	0.84	173
2063	Private Practice Office Visit	0.640094	17,160	3	131	0.50	65
2064	Therapy - No Intervention Code	0.648782	412,671	10,313	126	1.26	159
2066	Contact/Carrier of Communicable Disease	0.933308	2,210	434	179	1.04	187
2067	Health Hazard Related to Personal/Family History	4.768925	18,053	1,308	930	1.34	1,243
2068	Routine Health Supervision	0.419901	13,218	9,757	80	1.76	142
2069	Postsurgical Status	0.711126	70,852	15,437	132	1.17	155
2070	Follow-up/Convalescence	0.361198	36,398	17,051	72	2.04	146
2071	Screening Exam	0.961587	12,020	4,403	191	0.77	147
2072	Screening Exam - Genetics						
2073	Genetic Counselling	4.227627	1,958	1,958	868	0.68	593
2081	Non Registered Service Recipients		462				
2082	Mode of Service - Telephone	0.243213	264,164	141,300	48	1.56	75
2099	Patient Left Without Being Seen	0.439971	7,145	1,200	86	0.87	74